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ABSTRACT

The purchase of fraudulent medical degrees and credentials and the provision of medical care by unqualified people posing as doctors are the subject of these hearings before the U.S. House of Representatives. Investigations revealed the following findings: U.S. citizens who graduated from foreign medical school have received medical licenses without displaying the same levels of medical knowledge and clinical competence as graduates of U.S. medical schools; most federal and state agencies have relatively lax systems for checking the credentials of foreign medical school graduates; cases of cheating in state licensing exams have been discovered in 11 states; more than 10,000 so-called doctors now in hospitals and private practice have obtained fraudulent foreign medical degrees. Although it is estimated that U.S. medical schools will produce over 16,000 too many doctors by 1990, the federal government is spending more than $40 million in loans to students attending foreign medical schools. Testimony and reports of various organizations and federal agencies are included, along with information on the provisions of the Model Medical Practice Act, which is proposed to remedy the problem of fraudulent medical degrees. Samples of fraudulent degrees and credentials are included. (SW)

FRAUDULENT MEDICAL DEGREES

HEARING

BEFORE THE

SUBCOMMITTEE ON HEALTH AND LONG-TERM CARE

OF THE

SELECT COMMITTEE ON AGING HOUSE OF REPRESENTATIVES

NINETY-EIGHTH CONGRESS

SECOND SESSION

DECEMBER 7, 1984

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FRAUDULENT MEDICAL DEGREES

FRIDAY, DECEMBER 7, 1984

HOUSE OF REPRESENTATIVES,
SELECT COMMITTEE ON AGING,
SUBCOMMITTEE ON HEALTH AND LONG-TERM CARE,
Washington, DC.

The subcommittee met, pursuant to notice, at 10:15 a.m.; in room 311, Cannon House Office Building, Hon. Claude Pepper (chairman of the subcommittee) presiding.

Members present: Representatives Pepper, Wyden, Wortley, Bilirakis, and DeWine.

Staff present: Bill Halamandaris, staff director, Kathy Gardner Cravedi, assistant staff director, Melanie A. Modlin, executive assistant, Theresa Johnson, intern, Marion Brown, intern, Richard Ehling, intern, Daron Street, intern, Ronald Schwartz, detailee, Office of Inspector General, Department of Health and Human Services, Mark Benedict, minority staff director, and Susan Roland, assistant minority staff director.

OPENING STATEMENT OF CHAIRMAN CLAUDE PEPPER

Mr. PEPPER. Good morning, ladies and gentlemen, and members of the subcommittee. I am sorry to be a little tardy. Sometimes when I am a little late for a speaking engagement, I tell a story that maybe some of you haven't heard, that back in the old days in the South, they had dueling. Two fellows became very much embittered with each other, and one of them challenged the other one to a duel. They agreed to a time and place and chose pistols as the weapons.

The time had arrived for the dueling to begin. One of the duelists was there with his pistol and his second, and the other one had not arrived. Just before time for the duel to begin a messenger rushed up and handed a note to the duelist who was there from the one who hadn't arrived, and the one read "I am going to be late, go ahead and start without me." So I am sorry that I delayed my colleagues here for a moment.

The members of this subcommittee recently concluded a 4-year detailed investigation into medical frauds with respect to the elderly. Incidentally I have had I don't know how many different calls from various groups which caused me to wonder whether it was worth the effort to try to protect people from quackery. It looks like the quacks have so many friends and so many, I suppose, honest believers that it is difficult to come to a conclusion, or at least to get a public body to come to a conclusion that there are a lot of frauds being perpetrated against the people.

And then the language of the bill that we introduced probably was broader in some areas than it should have been and gave the appearance that it was intended to preclude certain things that perhaps are not properly subject to prohibition, like use of vitamins and the like.

It would be very difficult to determine whether vitamins do any good or not. I know when I have a cold, on the recommendation of some friends, I usually start taking vitamin C. I don't know whether it does any good or not. It seems to, and I guess I wouldn't want to give it up if somebody were to tell me it doesn't do any good and might even do some harm.

But if we, on behalf of this subcommittee, decide to deal with the area of quackery next year, we will carefully examine the language of the bill that we have proposed. Of course, the last bill died because it was not enacted before the end of the last Congress; but, on the other hand, the bills have raised a serious question—a lot of people don't accept the opinion of the medical profession. They think they are prejudiced. They falsify the statements and reports and recommendations, and the quacks will say that the medical establishment doesn't have the cure for cancer and some of these things either, and why do they blame us for trying to find a cure, and the like. So that is a matter of considerable concern.

On the other hand, the billions of dollars that are being ripped off the American people and especially the elderly by people that know in their hearts that what they are selling is worth the price they are getting for it—some of it is obnoxious. They actually sell dung and that sort of thing in some of their recipes. So that is a different subject.

We are dealing today with a different subject. We found that the majority of $10 billion lost annually to phony health cures basically comes out of the pockets of older Americans who make up about 65 percent of such fraud victims. During the course of the inquiry, we learned about the subject of today's hearing, which is perhaps the most grievous of health frauds. That is the purchase of fraudulent medical degrees and credentials and the provision of medical care by unqualified people posing as doctors. That is to say they are not qualified, legitimate physicians.

Sadly, we have discovered that for many years we have allowed U.S. citizens who graduated from foreign medical schools to receive medical licenses without displaying the same levels of medical knowledge and clinical competence as graduates of U.S. medical schools. We also discovered that most Federal and State agencies have relatively lax systems for checking the credentials of foreign medical school graduates. As a result, at this very moment, innocent American citizens may be receiving medical treatment from doctors who lied on their medical school loan applications, used the money not to go to school but to pay a broker for fake documents claiming to prove he or she completed school and training. We will have some evidence that is very convincing of that today.

As a result, at this very moment, innocent American citizens, as I say, are being subjected to that kind of fraud. At this very moment, also, innocent Americans may be receiving medical treatment from doctors who either stole or paid for a copy of an exam which had to be passed before he or she could practice. In July of

last year, 3,000 to 4,000 of the 17,000 students who took the test for foreign medical graduates saw the answers in advance. Cases of cheating in State licensing exams have been discovered in 11 States. Unfortunately, as we will hear today, these dangerous deceptions occur with a frequency we dare not imagine possible.

The subcommittee found that upward of 10,000 so-called doctors now in hospitals and private practice have obtained fraudulent foreign medical degrees, and we will show you some startling facts.

To gain a better understanding of how one goes about obtaining phony medical credentials this morning, we will hear from Mr. Pedro de Mesones and several of his clients. Mr. de Mesones is serving 3 years at Allenwood Federal Prison for providing fraudulent medical credentials to 165 people from October 1980 to August 1983. Thirteen of those obtained their medical licenses and six were found to be working in medical residency programs. Mr. de Mesones made $1.5 million before he was caught by U.S. Postal authorities.

We will also hear from a representative of a patient cared for by Abraham Asante. Mr. Asante assumed the medical credentials of another doctor and rose to the rank of chief medical officer in the military and was later employed by numerous reputable medical hospitals and the National Institute on Aging. His career came to an end when in 1983, as staff anesthesiologist at Walson Army Hospital in New Jersey, he administered anesthesia to a 47-year-old Joseph Branda. Branda's heart stopped and Asante did not notice for 4 minutes. By the time authentic physicians started Branda's heart, he had suffered irreparable brain damage.

Now there is a man ruined for life who was mistreated by a man who wasn't a doctor at all, but professing to be one.

The subcommittee surveyed all the State medical examiners in an effort to determine what the States' experience has been with regard to phony doctors. Virtually every State acknowledged the seriousness of this problem. Half the States indicated they had firsthand experience with phony doctors practicing in their States. Fifteen States have already initiated investigations. We look forward to hearing the testimony today of a number of State officials and their experiences in this regard.

The next logical question is, if the quality of education in certain foreign medical schools is so bad and if the requirements of training, testing and financial assistance can be circumvented, why do they continue to operate? The subcommittee found that it is simply a matter of supply and demand. Only about one-half of those who apply for American medical schools are accepted. That is, we don't have enough room in our medical colleges in the country to accommodate the number of interested students. Only about half of the applicants are accepted, leaving about 15,000 more Americans who want to become doctors than can be accommodated in American schools.

For foreign medical schools, the motivation is equally clear. It is good business. Americans spent between $40 million and $50 million last year in Santo Domingo on tuition and living expenses. They also serve to underwrite the cost of tuition for the natives. Per semester tuition for U.S. citizens at medical school in Santo Domingo runs from $1,000 to $2,500. It is about $75 for citizens of

the Dominican Republic. So you see they make up on our people costs that should be charged partially to theirs.

As the General Accounting Office and others will report to the subcommittee, the ease with which fraudulent credentials are obtained and the relative ease of admission of U.S. citizens to the foreign medical schools poses a very serious threat to current health care standards in our country.

It is estimated that U.S. medical schools will produce over 16,000 too many doctors by 1990. Now that is a figure that our staff has presented, and I mentioned to them that I was surprised at that. I didn't know we had too many doctors or were likely to have too many. We generally say we have got too many lawyers, but if everybody has the legal assistance that he or she was entitled to, I don't know whether we would have an excess or not. But anyway, we are told that it is estimated that U.S. medical schools will produce over 16,000 too many doctors by 1990.

Given the situation, it is ironic that the Federal Government is spending more than $40 million in loans to students attending foreign medical schools, particularly when much of that total, perhaps as much as $20 million, the committee estimates, is being wasted.

A flood of poorly trained—and that is certainly one of the areas in which our Government might be well concerned as an instance of waste—a flood of poorly trained or even fraudulent doctors would make our doctor surplus far worse.

Unless permanent changes are made, we will continue to subject the elderly primarily, and the poor in particular, to poor treatment at public hospitals by students and residents who have inadequate or no medical education.

Now, you know in a lot of the hospitals a student over here from a foreign medical school is permitted to be a resident and perform certain services. I presume it is under the direction of a qualified doctor or nurse, but when we see how easy it is for them to be entrusted with responsibility, they may not be qualified at all.

We must have a health care system in place that will assure the American public that a physician is, in fact, a legitimate graduate of a high-quality medical school and, in addition to that, as I understand it, before they can practice, that they have completed a certain length of residency in hospitals.

We look forward, therefore, to hearing testimony today which will not only provide a definition of this problem but also guidance, we hope, for needed reform.

Would you like to add anything, Mr. Wyden?

STATEMENT OF REPRESENTATIVE RON WYDEN

Mr. WYDEN. Thank you very much, Mr. Chairman.

I want to commend you for convening this hearing on a very serious problem. The evidence is very clear. In some states, the credentials that are framed on a doctor's wall may not be worth the paper that they are written on. Impostors without a shred of medical training are performing medical operations on our citizens. It is my guess that a lot of these phonies can't even spell anesthetic, let alone administer one of them correctly.

What is particularly grotesque about today's situation is that at a time when critically needed Government health care programs are being reduced, the Federal Government is spending precious tax dollars to support consumer fraud. Through educational support, employed in VA hospitals and Medicare and Medicaid reimbursement, charlatans are systemmatically fleecing the Federal Government.

Furthermore, these frauds are an insult to the many doctors in this country who have earned their stripes after years of demanding training and education.

The last point that I would like to make, Mr. Chairman and colleagues, is that these hearings ought to send a message to the administration, as well, that when they submit their health care budgets to the Congress next year, they ought to make the cuts first in the subsidies of charlatans, rather than going after needed benefits the senior citizens in this country depend on.

Mr. Chairman, I thank you for holding this hearing and, in particular, for your commitment to developing solutions that will put doctors who practice mostly deception in this country on the sidelines for good.

Thank you very much, Mr. Chairman.

Mr. PEPPER. Thank you, Mr. Wyden. We appreciate your good words.

Mr. Bilirakis.

STATEMENT OF REPRESENTATIVE MICHAEL BILIRAKIS

Mr. BILIRAKIS. Thank you, Mr. Chairman. I, too, want to commend you for calling this hearing on a matter of growing concern to the American people, young and old alike. As we meet during the final days of this 98th Congress, we once again are demonstrating our concern over an increasingly serious matter, fraudulent medical degrees.

I might add a supplement, if you will, to Congressman Wyden's comments. Of course, it is we the Congress who will come up with the ultimate budget. It is up to us if we really feel seriously enough about this matter to see that we in fact do take away many of these dollars that go toward these types of programs.

This issue is of special concern to me; not only because I represent a district that contains a great number of older Americans, but also because I am a father whose son has applied to medical school. I know the many hours that he has dedicated to study and research, as well as the sacrifices. And God knows there have been many of them that he has had to make. And I also know and have shared many days of patient waiting for replies as well as the frustration that comes with that waiting. And I might add that those frustrations continue because he has not been accepted in legitimate medical schools.

The time has come for us to take some action against these providers of false degrees and the individuals who dare to purchase them. With their actions, they extract a deadly toll from the American people and the elderly, as you said, Mr. Chairman, in particular. We need to act not only to protect these innocent victims, but also to uphold the integrity of our medical education systems.

I am pleased to join you, Mr. Chairman, Mr. Wyden and Mr. Wortley and Mr. DeWine and other members who might arrive in this last hearing of the year and look forward to hearing from our witnesses. And hopefully we will be guided by their testimonies, helping us to confront and deal with this problem in the proper way.

Thank you, Mr. Chairman.

Mr. PEPPER. Thank you very much, Mr. Bilirakis.

Mr. DeWine?

STATEMENT OF REPRESENTATIVE MICHAEL DeWINE

Mr. DEWINE. Thank you very much, Mr. Chairman. I will be very brief.

I just congratulate you for holding these hearings this morning. And the briefing material that we have already received, I think, is very clear that there is a need for these hearings and a need to bring this problem to the attention of the Congress and the American people. Thank you.

Mr. PEPPER. Thank you very much, Mr. DeWine.

Mr. Wortley?

STATEMENT OF REPRESENTATIVE GEORGE C. WORTLEY

Mr. WORTLEY. Thank you, Chairman Pepper. You are rendering a very important service by conducting a hearing today on this very critical subject.

A brief review of the situation clearly indicates that fraudulent medical degrees, by enabling untrained individuals to work as doctors and surgeons, are a dangerous problem. This form of fraud is a direct threat to the health and lives of patients.

I am well aware of the high standards that we have in our domestic medical schools. Just like my colleague, Congressman Bilirakis, I have a son who applied for medical school, and at the time he applied for medical school in Upstate in Syracuse, NY, there were over 3,600 applicants. Nine hundred were interviewed and something like 210 were accepted. He was one of the fortunate ones who was accepted.

There are many capable candidates for medical school who just don't make it, and therefore they go abroad to study. Unfortunately, the quality of many schools abroad is not up to standards that we have in this country, and some practice outright fraud. If the system for training and licensing physicians in this country is subjected to fraud and abuse, the whole of society suffers, particularly the elderly and particularly the indigent in rural America where it is tough to get physicians to go and practice. Their families would prefer to raise their children in more cultured areas of the country and enjoy some of the greater benefits of education. Chairman Pepper, this is a very worthwhile service that you have rendered today in calling us together with these witnesses to focus on the problem and, more particularly, in exploring solutions for the future. I thank you.

Mr. PEPPER. Thank you, Mr. Wortley.

Before we call our first witness, I would like to submit for the record a briefing paper prepared for the subcommittee by its staff. Hearing no objection, so ordered.

[The briefing paper submitted by Chairman Pepper follows:]

SELECT COMMITTEE ON AGING,
U.S. HOUSE OF REPRESENTATIVES.

MEMORANDUM

To: Members of the Subcommittee.
From: Chairman Pepper.
Subject: December 7, 1984 hearing on fraudulent medical degrees.

In August of 1983, representative of the Postal Service arrested Pedro deMesones, of Alexandria, Virginia. Mr. deMesones' arrest followed an investigation into allegations that Mr. deMesones was in the business of "expediting" the issuance of medical degrees from two medical schools in the Caribbean.

After some preliminary investigation, Postal authorites arranged for an undercover investigator to contact Mr. de Mesones during September, 1982. This investigator was informed by deMesones that he could arrange for her to graduse from a medical school—CETEC—on the island of Santo Domingo for a fee of $16,500. The fee would include a medical degree from the school, a complete set of academic transcripts and a letter of reference from the school.

Three months later, without attending any courses at CETEC, the investigator graduated from the university, receiving, as promised, a diploma bestowing the title "Doctor en Medicina," an official translation of the diploma, two sets of academic records, and a letter of reference from the dean of the school. In 1983, after validating the experience with another investigator who was offered credentials from a second school in Santo Domingo, deMesones was arrested and a search warrant executed.

Analysis of deMesones' records determined he had provided fraudulent credentials to 165 people in the 3 years from October of 1980 until August of 1983. Thirteen of those obtaining these fraudulent degrees were found to have obtained their medical licenses and 6 more were working in hospital residency programs. deMesones was found to have made $1.5 million with his scheme during the three-year period.

The arrest of deMesones and the attempt to identify and find the individuals who had purchased degrees from him has led to what has been called "the largest scandal in recent medical history." As a result of deMesones' arrest, investigations have been initiated in 15 states, and the process by which foreign medical graduates are licensed in the United States and the quality of education provided by these foreign medical schools have been brought into question.

Several other brokers of medical degrees have been identified and are under investigation, as are the credentials of some 10,000 doctors already practicing in the United States. At this point it is difficult to determine the precise extent of this problem, but it is clear the deMesones matter is but the tip of the iceberg. Responsible federal, state and private agencies have not shown the ability to detect and screen these imposters. Federal funds have fueled the problem to a significant degree.

HOW BIG IS THE PROBLEM

In 1982, 21 percent of all licensed physicians were foreign medical graduates. While there are over 1,000 foreign medical schools, the majority of those who practice in the United States come from a relative few. Over a third of all foreign medical graduates come from Central and South America. If the problem is limited to U.S. citizens studying abroad, the vast majority can be found in less than a dozen schools that maintain placement offices in the United States. In 1980, for example, three schools accounted for fifty percent of the U.S. citizens studying medicine abroad.

HOW DO THESE SCHOOLS COMPARE TO AMERICAN MEDICAL COLLEGES

Most of the dozen schools that cater to American students have been established since 1970. They all solicit and predominately enroll U.S. citizens. They are privately owned institutions operated for a profit. They rely on visiting instructors whose involvement with students is generally brief and who promote clinical experiences

in the United States. They are often situated above grocery stores, in prefabricated buildings, near commercial centers or in abandoned buildings. Most lack rudimentary equipment, such as x-ray machines, research libraries, cadavers, and patients.

In 1980, the General Accounting Office reviewed the operation of six foreign medical schools providing training to the majority of American students and concluded none of them offered a medical education comparable to that available in the United States. They found deficiencies in admissions requirements, curriculum, faculty, and clinical training. Some of these schools have admitted persons without high school degrees, do not require a college degree and credited "life experiences."

IF THESE SCHOOLS ARE THAT BAD, WHY DO THEY CONTINUE TO OPERATE

Because of the high public esteem enjoyed by doctors and the enviable financial rewards associated with this status, many more Americans want to become doctors than can be accommodated in American schools. This is despite the fact that the number enrolled in American schools has more than doubled in the last 20 years. In the 1960's the annual number of medical school graduates in the U.S. averaged about 7,000. Today it exceeds 17,000. In the 1970's, about a third of those applying to medical school were accepted. In the 1980's, that number has increased to about half. For the remainder, foreign schools are often the last resort. About 15,000 American students a year exercise this option.

For the universities, the motivation is equally clear—it's good business. The Dominican Republic, for example, has six million people and a dozen medical schools. Foreign medical students—Americans—spent 40-50 million last year in Santo Domingo on tuition and living expenses. They also serve to underwrite the cost of education for natives. Tuition at these schools for citizens of the U.S. runs from $1,000 to $2,000 per trimester. It is about $75 for citizens of the Dominican Republic.

HOW DO FOREIGN MEDICAL GRADUATES GO ABOUT BECOMING LICENSED TO PRACTICE IN THE UNITED STATES

Generally, a foreign medical student must have the following to be licensed or practice medicine in the United States.

1. Two credit years of study in basic medical sciences.
2. Participation in undergraduate clinical training programs.
3. A medical degree from a World Health Organization listed medical school (WHO will list any medical school recognized by the country where the school is located).
4. Examination and certification by the Educational Commission for Foreign Medical Graduates (ECFMG), a private testing organization.
5. Graduate medical education (residencies).
6. Pass the Federation Licensing Examination as administered by the state in which the applicant wants to be licensed.

HOW CAN THESE REQUIREMENTS BE CIRCUMVENTED

As previously indicated, the requirement of training at medical colleges can and has been subverted by poor admission practices, inadequate training and facilities. It can and has been avoided by the apparent common reliance on contrived educational experiences, fraudulent documents, unethical practices and bribery.

Requirements for clinical training are diluted by the fact that most of the schools in question do not have the capacity to provide clinical training and rely instead on arrangements for placement in the United States or simply leave it to the student to arrange their own clinical experience. In at least one case, that of Dr. Joseph McPike, formerly of Polk General Hospital in Bartow, Flordia, there is evidence that this requirement can also be purchased. Dr. McPike was implicated as a co-conspirator of deMecones and convicted of embezzling more than $20,000 that students thought they paid for clinical training Polk Hospital under Dr. McPike's supervision.

Testing requirements have also been avoided. In recent years, efforts to compromise the integrity of medical screening exams have become common. These efforts have included the outright theft of examinations in advance, rampant on-site cheating, substitutions of exam takers and other forms of deception. The examples below indicate the nature and impact of these attempts to avoid the screening process:

(1) In July 1983, 17,000 students took the ECFMG examination for foreign graduates who seek internship in U.S. hospitals. Subsequently, it was determined some 3–4,000 of these applicants had seen the answers in advance. The test had been stolen and sold for $50,000. The purchaser is said to have made copies and sold them for

$25,000. These purchasers made copies which sold for $10,000 and the chain letter process continued until, ultimately, copies were sold for $50.

(2) Cases of cheating in state licensing exams have been discovered in 51 states.

(3) In April, the owner of the firm that prepares thousands of student for their Medicals College Admissions Test (MCAT) was indicted for stealing MCAT questions and using them in his cram courses.

(4) A security guard was offered $7,000 for access to material to be used in a California licensing exam. Around the same time, Michigan officials, discovering the theft of copies of their licensing exam, were forced to substitute questions on the last day of the three day exam.

(5) Three foreign medical graduates were arrested in 1982 for attempting to bribe an official of the ECFMG. They offered $7,000 for copies of the ECFMG's exam.

WHAT IS THE FEDERAL INVOLVEMENT

Federal funds are provided directly to physicians under Medicare and Medicaid, to hospitals for training under Medicare and to students as educational loans. While the amounts paid under Medicare and Medicaid are difficult to calculate, it is clear that some improper payments have been made and the government's exposure is substantial. In the only concrete example to date, California recently removed 24 doctors from their Medicaid program after examination determined their credentials were improper.

In addition, many of those who have been found to have phony medical degrees benefited from federal or state educational loans, ranging $5,000 to $25,000. The GAO's review identified 21,500 federally supported educational loans to U.S. citizens attending foreign medical schools. The loans totaled $45 million, of which the GAO estimated $12.4 million was lost due to interest subsidies and defaults. If this loss is extended forward and the cost of loans used essentially to purchase fraudulent degrees added, improper expenditures could exceed $20 million.

In addition to funding the purchase of foreign medical degrees and supporting the clinical and graduate studies of foreign medical graduates in the U.S. under Medicare, the federal government also provides the service of offering the easiest point of entry into practice. Fifty percent of all foreign medical graduates receive training at V.A. facilities. Many go on to practice as part of the Department of Defense's health system since the military accepts physicians in training without the requirement of state licensure.

In one recent incident resulting from the New York State's investigation, the Army arrested one of its Captains, a second year orthopedic surgery resident, who was charged with making false statements and for conduct unbecoming to an officer. He had claimed to be a graduate of a medical college in the Caribbean, but investigation determined he had only attended 2 of the 10 required semesters. Nevertheless, from 1982–1984, he had spent half of each week in surgery performing amputations, hip replacements, and hand operations. (His brother and sister were indicted by New York State for using similiar false credentials.)

HOW MANY CHECKBOOK DOCTORS ARE THERE

It is likely that we will never know how many "checkbook" doctors are in practice. Based on the Subcommittee's review of this problem including contacts with relevant law enforcement agencies, Inspector General offices, the Postal Service, and a survey of the fifty state medical boards, we estimate that more then 10,0000 physicians with questionable credentials are practicing in the United States. In addition, while there are clearly many excellent foreign medical schools, we now have e..y reason to question the quality of medical education obtained by the majority of American students educated abroad.

IS THERE ANY HARM RESULTING FROM THESE ACTIVITIES

While most of deMesones' clients were identified before they were fully integrated into the system and operating in an unsupervised fashion, there is no clear evidence that the lack of training of these clients, who have short circuited the educational system—some with deMesones' assistance and some through other means—has resulted in harm to unsuspecting patients.

One of deMesones' clients was disciplined by an alert supervisor who noted that the supposed doctor was prescribing medication without examining the patient. In a second incident, the student was reprimanded for failing to notice the severity of injury to a patient and transfering him to an acute care facility.

The clearest example of harm, however, is presented by the case of Abraham Asante, a naturalized citizen from Ghana who posed as a medical student and doctor for almost 15 years. He worked in a number of hospitals in New York City and worked for the military as a physician, rising to the position of Chief Medical Officer. He even obtained a fellowship to the National Institutes of Health where he worked for six months before being dismissed.

In August of 1983, Asante was employed as a staff anesthesiologist at Walson Army Hospital in Fort Dix, New Jersey. During one routine operation while Asante was administering anesthesia, the patient's heart stopped. Asante did not notice it for four minutes. By the time the patient's heart could be started, he had suffered irreparable brain damage.

WHAT CAN BE DONE ABOUT THIS PROBLEM

The clear conclusion of this review is that our licensing system for foreign medical graduates is a mess. There is no international or U.S. agency responsible for approving, accrediting, or even visiting foreign medical schools. State licensing activities are uneven, uncoordinated, and limited by resources available and funding. As a result, there is no apparent way to assess the quality or competence of the thousands of foreign medical graduates practicing in the U.S. or even the legitimacy of their credentials.

While there appears to be little that can be done to correct the sins of the past, there is much that can be done to see that these problems are corrected to protect the health of our citizens in the future and to prevent the waste of federal funds. Some recommendations are listed below for your consideration.

RECOMMENDATIONS

(1) Guaranteed Student Loans and V.A. loans could be eliminated for foreign medical schools.

(2) All medical school graduates, wherever educated, should pass either the same exam or a close equivalent. In the past, U.S. foreign medical graduates did not have to pass examinations of the same length or difficulty as did U.S. medical students.

(3) The federal government should not be allowed to fund or subsidize any residencies which are not accredited by state licensing boards or the Liaison Committee on Medical Education and which are not supervised by medical teaching institutions.

(4) Medicare should not pay any training or education costs to any hospital employing a doctor in clinical care who is not either in an approved residency or a licensed physician.

(5) No federal department or agency should employ a physician for clinical care positions unless they are fully licensed.

(6) The World Health Organization should not recognize any medical school which trains or intends to train 60% or more of its students from outside the country or area in which the school is located.

7. All states should consider, as a minimum, adopting a revised draft of the Federation of State Medical Boards' Model Medical Practice Act.

8. It should be a federal felony to use fraudulent credentials to obtain any health professional position or training in any facility that is partially reimbursed for that position by Medicare or Medicaid.

MODEL MEDICAL PRACTICE ACT—DRAFT PREPARED BY FEDERATION OF STATE MEDICAL BOARDS

Proposed provisions

No license issued without passing examination. Limit on time allowed to pass exam without required further education. Detailed educational, professional, and disciplinary history required of applicants. Penalties for false statements, attempts to compromise exam, etc. License required of all who practice in State.

Medical school must be accredited by State; twelve months of medical residency training in U.S. required; and State or qualified body must accredit school, including site visit. School must pay for visit.

Foreign graduate must be eligible for unrestricted license or authorized to practice in country from which degree is received.

Limited license required for postgraduate training—requirements same as for regular license except for the training. Application must be made through the institution providing the training; institution must be approved by State; and license must be renewed annually.

Disciplinary actions against licensees should be strengthened. Action can be taken for: cheating on exams, falsified documents, drug or alcohol abuse, representing to a patient that a manifestly incurable disease, etc. can be cured; prescribing a drug for other than medically accepted therapeutic purposes; sanctions by Peer Review Groups, government, etc., malpractice awards, and failure to report any of above. Required periodic reregistration—must prove continuing qualifications and reveal any disciplinary problems.

Mr. PEPPER. Our first witness will be Mr. Pedro de Mesones. Will you stand please, Mr. de Mesones?

[Witness sworn.]

Mr. PEPPER. We are pleased to have you with us, Mr. de Mesones, and we welcome your statement.

PANEL 1—PROMOTERS, PURCHASERS, AND VICTIMS OF PHONY MEDICAL DEGREE SCAMS: CONSISTING OF PEDRO de MESONES, ALLENWOOD FEDERAL PRISON CAMP, MONTGOMERY, PA; MR. L, ONTARIO, CANADA; DR. X, TENNESSEE, AND LORTTEA BRANDA, ACCOMPANIED BY GARY LESNESKI, ESQ., HADDONFIELD, NJ

STATEMENT OF PEDRO de MESONES

Mr. DE MESONES. As you know, I am Pedro de Mesones. I am currently an inmate at the Allenwood Federal Correctional Camp in Montgomery, PA.

On December 21, 1983, I pled guilty to violating the mail fraud statue and conspiracy. I was sentenced to 3 years in jail.

I deeply regret the actions that led to my incarceration and am here voluntarily in the hope that my cooperation with this committee will in some way help right the wrongs I have committed.

For about 3 years I engaged in the business of expediting medical degrees. Through a company that I organized in the District of Columbia, Medical Education Placement, Inc., I placed advertisements in papers like the "New York Times" and "Los Angeles Times," and various professional journals.

I advertised I could get graduations for students in the field of medicine and dentistry. You have a copy of some of my advertisements on display along with some ads placed by my competitors. In September 1982 a woman calling herself Odette Bouchard approached me. She paid me $16,500 and I arranged for her to graduate from one of the foreign medical schools where I had contacts. She graduated in December of 1982 without ever attending a day of class.

Although Ms. Bouchard presents to me some transcripts of her previous studies in nursing and I believe additional documents attesting to courses in the field of sciences, the only time she was in Santo Domingo was when she went to get her medical degree from CETEC Medical School at graduation. Along with her diploma she also obtained a complete set of academic transcripts and letters of recommendations from the dean of that school. Only later did I learn Odette was an undercover agent working for the postal inspectors.

In the 3 years I was in this business, I had approximately 111 clients. I provided about 100 of these clients with false transcripts showing they had fulfilled medical requirements of schools they didn't attend.

I provided or arranged placement in an American hospital for clinical rotations and falsified evaluations of clinical rotations in a conspiracy with Dr. Joseph McPike of Polk General Hospital in Florida. I randomly selected in keeping with my clients wishes, graduation dates and obtained transcripts, letters of good standing, recommendations and medical degrees from CETEC medical school.

Following an already existing practice abroad mainly in the Caribbean and Mexico, I was not the architect nor the kingpin of this practice. I just was approaching a common practice of these schools, the practice that I believe still exists by some of the schools abroad. My misjudgment was based on the fact that any of my students or medical clients who obtained these diplomas at any schools abroad, upon their return to America had to apply for license to practice medicine and had to pass a rigorous test, the ECFMG and the FLEX before they would receive their American license.

Also when necessary, I obtained false transcripts from other foreign medical schools to complete the "student's" academic record. By the time authorities seized my records in August of 1983, approximately 86 of my clients had graduated from CETEC in Santo Domingo and about 12 more were scheduled to graduate from a second medical school on the island.

I learned lately that 40 of my clients had since been certified by the Educational Commission for Foreign Medical Graduates. Thirteen had obtained their medical license to practice and six more were working in hospital residency programs.

Clients paid me and the school from $5,225 to $26,000 for my services. In all I collected about $1.5 million in approximately 3½ years. I only got to keep about $433,500 to $500,000 of this total. The rest went for tuition payments and additional payments to assistant deans and miscellaneous expenses.

I know now what I did was wrong. But I must tell you others are doing the same thing. I have given the names of some of these people to the postal authorities and the investigators from your committee also. I regret what I did, but I should not be the only one punished. I will do whatever I can to make up for this mistake and to assure that the American people will be completely well-taken care of by qualified physicians by identifying the schools abroad and perpetrators who are engaged in this sort of practice.

As a matter of fact, at this moment I am devising, myself, some kind of special process in order to check and double check all those medical credentials of graduates from abroad who come here specifically to deceive the American people. Can you imagine in the Dominican Republic there have been about 16 medical schools in a country of a million inhabitants? And I do believe some of those schools have been specifically set up in order to attract the American market, just for business, and not for teaching.

I do also think the American schools graduate about 20,000 physicians a year average, which is good enough to take care of Americans. The United States does not need additional doctors. If they want to get additional doctors, they have to have their credentials well-checked, and they must have completed studies and they have to be well qualified to pass the test.

The test has to be very rigorous and they should find themselves different types of tests or very different ways in order to be able to assure that these students are well-knowledgeable in their studies, because I also learned lately that those tests they have been selling in advance on the free market for a price of $1,000 to $50,000 each.

I am sorry that I don't know who are the sellers and perpetrators, and I will be pleased to give you that information as to the American authorities. Thank you. If you have any questions, I will be pleased to answer.

[The prepared statement of Mr. de Mesones follows:]

PREPARED STATEMENT OF PEDRO DE MESONES

Mr. Chairman: I am Pedro de Mesones.

I am currently an inmate of the Allenwood Federal Correctional Center in Pennsylvania.

On December 21, 1983, I pled guilty to violating the mail fraud statute and conspiracy. I was sentenced to 3 years in jail.

I deeply regret the actions that led to my incarceration and am here voluntarily in the hope that my cooperation with this committee will in some way help right the wrongs I have committed.

For about three years I engaged in the business of "expediting" medical degrees. Through a company I organized in the District of Columbia, Medical Education Placement, Inc., I placed advertisements in papers like the New York Times and Los Angeles Times, and various professional journals.

I advertised I could get students medical degrees, Ph.D.s and dental degrees. You have a copy of some of my advertisements on display along with some ads placed by my competitors.

In September 1982 a woman calling herself Odette answered one of my advertisements. She paid me $16,500 and I arranged for her to graduate from one of the foreign medical schools where I had contacts. She graduated in December of 1982 without ever attending a day of class. The only time she was in Santo Domingo was when she went to get her medical degree.

I also arranged to get her a complete set of academic transcripts and letters of reference. Only later did I learn Odette was an undercover agent working for the Postal Service.

In the 3 years I was in this business, I had 165 clients. I provided about 100 of these clients with false transcripts showing they had fulfilled medical requirements of schools they didn't attend.

I provided or arranged placements in American schools for clinical rotations and falsified evaluations of clinical rotations in a conspiracy with Dr. Joseph McPike of Polk General Hospital in Florida.

I randomly selected the graduation dates of my clients and obtained transcripts, letters of good standing, recommendations and medical degrees from two colleges in the Caribbean.

When necessary, I obtained false transcripts from other foreign medical schools to complete the "student's" academic record.

By the time authorities seized my records in August of 1983, 97 of my clients had graduated from CETEC in Santo Domingo. Two had graduated from CIFAS, a second medical school on the island, and 10 more were scheduled to graduate from that school.

Forty of my clients had since been certified by the Educational Commission for Foreign Medical Graduates. Thirteen had obtained their medical license to practice and 6 more were working in hospital residency programs.

Clients paid me from $5,225 to $27,000 for my services. In all I earned about $1.5 million in those 3 years. I only got to keep about $500,000 of this total. The rest went for bribes and expenses.

I know now what I did was wrong. But I must tell you others are doing the same thing. I have given the names of some of these people to the postal authorities and the investigators from your Committee.

I regret what I did, but I should not be the only one punished. I will do whatever I can to make up for this mistake.

Mr. PEPPER. Thank you, Mr. de Mesones. Before we question Mr. de Mesones and proceed to the other panel, I will ask if you will

play, please, the record of the conversation between Mr. de Mesones and Ms. Odette Bouchard to whom he refers in his statement as the presumed applicant for a degree with whom he negotiated, who paid him a certain amount of money. And it turned out that she was an undercover agent for the Postal Service, but the Postal Service has made a transcript of this conversation.

I will ask if you will play it now, please.

[Whereupon, the tape was played for the committee, and a transcript of the tape follows:]

EDITED TRANSCRIPT OF CONSENSUAL ELECTRONIC SURVEILLANCE—COMPILED FOR DECEMBER 7, 1984 STATEMENT TO THE HOUSE SUBCOMMITTEE ON HEALTH AND LONG-TERM CARE

Transcript of consensual electronic surveillance

Type of conversion: Telephone; date of conversation: August 26, 1982; time of conversation: 11:10 AM; tape: T-3 (second of two conversations).

Mr. DE MESONES. Hello.

Miss BOUCHARD. Hello could I speak with Mr. de Mesones?

Mr. DE MESONES. Who's callling?

Miss BOUCHARD. Ah, my name is Odette Bouchard.

Mr. DE MESONES. Yes, Miss Bouchard, speaking. What can I do for you?

Mr. DE MESONES. What can I do for you? You wrote to us I imagine.

Miss BOUCHARD. Yeah. Well, as a matter of fact I think, I, I put in my letter that I had met somebody at a party, and, ah . . .

Mr. DE MESONES. Uh, huh.

Miss BOUCHARD. We were discussing, you know, my, my——

Mr. DE MESONES. Yes, exactly, yeah.

Miss BOUCHARD. . . . my medical career and, ah, he just suggested that maybe your service could help me.

Mr. DE MESONES. Yeah.

Miss BOUCHARD. And I was just, you know, interested in some more information.

Mr. DE MESONES. What exactly do you wish?

Miss BOUCHARD. Well, I'm not quite sure, I . . .

Mr. DE MESONES. Oh, (chuckle) . . .

Miss BOUCHARD. I, just—you know, you have, you've had my resume. And . . .

Mr. DE MESONES. (Unintelligible) but what are you? What's your profession?

Miss BOUCHARD. I'm a nurse practitioner. I'm also a, a P.A., physician's assistant.

Mr. DE MESONES. Yeah. I can be able to give it to you an M.D.

Miss BOUCHARD. Uh, huh.

Mr. DE MESONES. You know. To graduate as an M.D.

Mr. DE MESONES. Who is going to sponsor your medical career?

Miss BOUCHARD. Ah, well, I can help and, you know, I assume that I can get a loan from my mother.

Mr. DE MESONES. Uh, see what happens. Okay?

Miss BOUCHARD. Okay.

Mr. DE MESONES. You are seriously motivated, right?

Miss BOUCHARD. I am.

Mr. DE MESONES. Cause you are not motivated, I wish you never bother yourself. . . .

Miss BOUCHARD. Yeah.

Mr. DE MESONES. . . . and call me, and bother me, because I am extremely busy person.

Miss. BOUCHARD. Uh, huh.

Mr. DE MESONES. I only speak with those people who are really interesting, and no with these persons who are fishing for information and nonsense. . . .

Miss BOUCHARD. Yeah. No, I, I. . . .

Mr. DE MESONES. The reason why I, I talk to you in this manner, in this way, because you appreciate my time and, and it's very serious matter; because of the future in the individual I can not play around, toy around with your future; the same way I don't want you to toy around with my time.

Miss BOUCHARD. Okay. No, I understand that.

Mr. DE MESONES. Are you clear?

EDITED TRANSCRIPT OF CONSENSUAL ELECTRONIC SURVEILLANCE—COMPILED FOR DECEMBER 7, 1984 STATEMENT TO THE HOUSE SUBCOMMITTEE ON HEALTH AND LONG-TERM CARE

Transcript of consensual electronic surveillance

Type of conversation: Oral (face-to-face meeting); date of conversation: September 3, 1982; time of conversation: 8:42 PM—9:18 PM; place of conversation: Room 1433, Waldorf-Astoria Hotel, 301 Park Avenue, New York, NY; tape: T-6 (only one conversation).

Mr. DE MESONES. You see? Now the money matter. You see, that's very important question. Usually, in matters like you, it's over twenty thousand dollars, because. But, I will be able to do some special price for you.

Miss. BOUCHARD. Which would be how much?

Mr. DE MESONES. But I think I be able to charge you sixteen thousand, five hundred dollars from which I need fifty-six hundred dollars with the application, down, and before you go to take your degree . . .

Miss BOUCHARD. Uh, huh.

Mr. DE MESONES. . . . you have to shell out the rest.

Miss BOUCHARD. Okay. How soon do, do I have to submit this application and the money?

Mr. DE MESONES. Now, here. Do you no have the money at the moment?

Miss BOUCHARD. No.

Mr. DE MESONES. You could be able to give me a postdated check? Providing that the check is going to be good.

Miss BOUCHARD. If I sent you a check, let's say, within the week. Would that be all right?

Mr. DE MESONES. Doesn't matter. You give the check now, ah, ah . . .

Miss BOUCHARD. I, you know, I, I'm not sure that I can (unintelligible).

Mr. DE MESONES. You pass tomorrow (telephone rings) or I'll going to be here until Monday.

Miss BOUCHARD. I have a problem. I am leaving tonight. I'm going to the New Jersey shore for the long weekend.

Mr. DE MESONES. Good. You can send it to me.

Ah, and then you, you being ask, you say you are a senior student in M.D. I think you going to be a very good physician. I am doing some special thing for you.

Miss BOUCHARD. Okay.

Mr. DE MESONES. You understand? Because, ah, I have very sympathy for you because I know the nurses make very little money and they work three times more than the doctors and the doctors—it's a shame.

Miss BOUCHARD. Yeah.

Mr. DE MESONES. You will remember me for the rest of your life. Perhaps you will take care of my grandchildren and my children free.

EDITED TRANSCRIPT OF CONSENSUAL ELECTRONIC SURVEILLANCE—COMPLIED FOR DECEMBER 7, 1984 STATEMENT TO THE HOUSE SUBCOMMITTEE ON HEALTH AND LONG-TERM CARE

Transcript of consensual electronic surveillance

Type of conversation: Oral (face-to-face meeting); Date of conversation: October 27, 1982; Time of conversation: 1:05 PM-1:39 PM; Place of conversation: Room 1204, Waldorf-Astoria Hotel, 301 Park Avenue, New York, NY; Tape: T-10 (only one conversation).

Mr. DE MESONES. Now. You have been given to me all the documents I needed?

Miss BOUCHARD. I believe so.

Mr. DE MESONES. Yeah. You're going to have an examination, don't you?

Miss BOUCHARD. The E.C.F.M.G.?

Mr. DE MESONES. No, an examination from the hotel . . . I mean for the school. You have to . . . you are scheduled to graduate in December, right?

Miss BOUCHARD. That's right.

Mr. DE MESONES. You supposed to go to this place . . . (pause)

Miss BOUCHARD. Okay. (pause) Okay. This we hadn't talked about. I, I wasn't aware that I . . .

Mr. DE MESONES. No . . .

Miss BOUCHARD. . . . had to take these examinations.

Mr. DE MESONES. . . . no, you have to do it, to take it (unintelligible) but this is a matter . . . (pause)

Miss BOUCHARD. Are . . .

Mr. DE MESONES. . . . a formality.
Miss BOUCHARD. Are they fairly easy to pass?
Mr. DE MESONES. You don't care you pass or not. You have no problems. You understand what I said? You will have no problems.
Miss BOUCHARD. It doesn't matter whether I pass or not.
Mr. DE MESONES. Yeah.
Miss BOUCHARD. (Unintelligible), okay.
Mr. DE MESONES. I think the, the school wants covered.
Miss BOUCHARD. Okay. So, as far as CETEC is concerned, my transcripts and everything would be okay but FLEX would not accept those.
Mr. DE MESONES. FLEX will be create to you a problem.
Miss BOUCHARD. Okay.
Mr. DE MESONES. And we want . . . and, and since I know you are not interested in decorations . . . in having a MD degree, to say that you are a physician . . . you want to use that to practice . . .
Miss BOUCHARD. Uh, huh.
Mr. DE MESONES. . . . because it's an investment you are (unintelligible), right?
Miss BOUCHARD. Right.
Mr. DE MESONES. Therefore, I want you to be successful in your, ah, aims . . .
Miss BOUCHARD. Uh, huh.
Mr. DE MESONES. . . . in your goals, by having a document in the way it's supposed to be.

EDITED TRANSCRIPT OF CONSENSUAL ELECTRONIC SURVEILLANCE—COMPILED FOR DECEMBER 7, 1984 STATEMENT TO THE HOUSE SUBCOMMITTEE ON HEALTH AND LONG-TERM CARE

Transcript of consensual electronic surveillance

Type of conversation: Telephone; Date of conversation: November 24, 1982; Time of conversation: 6:15 PM; Tape: T-12 (fourth of four conversations).
Miss BOUCHARD. Are you going to be at the graduation?
Mr. DE MESONES. Oh, yes! I going to be to, to take care of, assist you people.
Miss BOUCHARD. Ah.
Mr. DE MESONES. Certainly! I am in the same hotel where you going to be. I make it special rates.
Miss BOUCHARD. Ah!
Mr. DE MESONES. Okay. Do you have very many like me that you're gonna be taking care of?
Miss BOUCHARD. Yes!
Mr. DE MESONES. Ah!
Miss BOUCHARD. I have many. I have almost forty.

Mr. PEPPER. We are pleased to have heard the reports, and we want to thank the Postal Service very much for making that recorded conversation available to us.

We will just ask you a few questions. How do you pronounce your name?

Mr. DE MESONES. Pedro de Mesones.

Mr. PEPPER. I would like to ask you one question. You said that you are sorry that you engaged in this fraudulent practice. You realized you were dealing with the lives of people, putting people's lives in the custody of incompetent people professing to be doctors. But you said you were not the only one engaged in this activity.

Can you give us some idea of the magnitude of this fraud that is being practiced on the people of the United States?

Mr. DE MESONES. Yes, I will be very pleased to give some assumptions and some ideas. I have been engaged in recruiting and placing students in American schools successfully prior to this mishap. However, I was never myself breaking the law in any place before, because I am engaged in this approximately 10 years in this type of lawful business. And I have been seeing myself the schools in Mexico and the Caribbean where they have been engaged in the

practice of selling transcripts for money to students and giving degrees and making all types of arrangements.

It is really a shame. I do believe in America it would be perhaps worth checking an average of 20,000 to 25,000 physicians. Do you realize alone in the Dominican Republic, I imagine, they would be graduating, an average of 3,000 to 5,000 students per year. Besides the schools in the Dominican Republic, there are also other schools on other islands. They mainly have been built up to attract the market of American students.

The whole situation starts from the practice of obtaining a degree as quickly as possible and go to the United States and receive the American license and obtain the practice and reach the American people for the fees that are absolutely high, as you know, to the point where an average poor American person cannot be able to afford a doctor although there are large quantities of doctors concentrated in several States as in the State of Florida where, because of the over population of physicians, they have too many doctors in comparison with the inhabitants of the other States in the country where it is very difficult to find a physician, especially after 5 o'clock. And I think the Government should have some kind of strings attached for those students who are seeking loans to pursue their career in medicine. Those students should dedicate some time of their career life to rural areas to be able to devote at least a minimum of 5 years to serve in rural areas and poor communities where the health care delivery is not as good as in the upper class areas.

Mr. PEPPER. Mr. de Mesones, I thought that in my State of Florida, before you can be a practitioner of medicine, you had to pass a State board examination. How do these various so-called doctors get by those boards?

Mr. DE MESONES. Some authorities who are familiar with those boards know that these tests have been sold in advance. They have been copied and they have been sold out and therefore the students who have no qualifications, they sit down for those tests, certainly they already know in advance what the questions are, and pass the test and obtain the license. And I also have been informed that those tests are not necessarily a strong test. They cannot be able to determine the good qualifications and the good physician to be and who is capable or not to perform duties as any other American physician who has been graduated from a bona fide American school.

Mr. PEPPER. One other question. Does the failure of the hospitals, say, veterans' hospitals, to check up on the supposed qualifications of so-called applicant "doctors" enable them to get by with these spurious credentials?

Mr. DE MESONES. Yes, I do believe, and perhaps in some cases too, students learn abroad the first cycle of the medical career and they return to the U.S. to continue their medical education in the United States they do obtain in one way or the other the so-called basic sciences which is the first part of their medical education and the second part of the medical education they can perform by working in U.S. hospitals. Those schools abroad never question the students performance of clinical rotation cycle in teaching hospitals.

They can go to any hospital in American neighborhood hospitals and they perform some duties and after a while they are issued documents and perhaps they say they have completed, when in reality they lack teaching programs or teachers who could monitor the students learning or knowledge. And there are many hospitals that I think have mutual agreements and contracted with schools in the Caribbean. I have the names of those hospitals and will be pleased to pass them on to you and U.S. authorities. They know it because I have had conversations with them.

Mr. PEPPER. Thank you very much.

Mr. Wyden?

Mr. WYDEN. Thank you.

I think you have sketched out clearly this charlatan's caper but I want to go through exactly where this money went. You said that you collected $1.5 million through these sales and that your profit was about $500,000.

Mr. DE MESONES. Approximately.

Mr. WYDEN. Could you break down for the subcommittee where the other million dollars went?

Mr. DE MESONES. The other million was to pay tuitions for those students who have been legally and officially registered and part of the money was also dedicated or used to pay under the table to the assistant dean and other officials who have been able to provide me and the students with those documents as we requested. Because in some of the cases, the students, they requested to obtain transcripts where they can show in their transcripts that they have been attending at the school since the inception of the medical career in order for them to corroborate themselves when they return to the United States to apply for the license because some States require from the student to present original documents, not documents where the transcript would say they have been given credits for previous studies.

Since they don't have previous studies or documents to prove this, they do wish to have those transcripts where they show they have been performed from A to Z in the same school.

Mr. WYDEN. I would like you to describe these under-the-table payments a little more clearly. Were these payments made to schools or to government officials or to licensing boards—who exactly did you give these bribes or under-the-table payments to?

Mr. DE MESONES. Not government officials, absolutely no government officials are involved in this scheme. The payments have been given to the schools because the schools officially charge extra amounts of money for a student who wishes to do his convalidations in cases where 18 subjects from the basic sciences had to be completed and for payments to any the examinations passed without the presence of the students and of course by those examinations have been taken had to be signed by the dean and two or three professors of the faculty in order to attest that the student was present and took the examination.

The money was used to pay the assistant dean, according to one of them, is being, or was used to split with the others who signed the approval of the test.

Mr. WYDEN. How many schools got these under-the-table payments?

Mr. DE MESONES. As far as I know, I think in the Dominican Republic, about three or four, to my knowledge, but several other schools have been engaged in the past. Some I imagine are curtailed for the moment because the government acted because of me and closed two schools. I passed the information to the government. While I am there in Allenwood, I invited the officials of the government of the Dominican Republic, I wrote a letter to the President on March 15, 1983, and they came to see me on April 20. I have a document issued to me thanking me for my cooperation.

But prior to that, in June 1983, in one of my trips to the Dominican Republic, I went to the National Palace and spoke to the adviser for Higher Education to the President, for I offered my cooperation and nothing was done in that time until I was in prison and this is when they came and they promised they were going to close the schools and they did, but I know other schools are doing the same thing, and nothing is being done now.

As a matter of fact, some time in the spring of 1982, the rector of one of the two schools now closed, told me in Santo Domingo, R.D. that two South American individuals, naturalized American citizens, to whom she franchised her medical school, in 1982 turned away from her school in order to enter in a new contractural agreement with another school in Santo Domingo for economic advantages.

Since these individuals left without satisfying their original contract with the rector, she did not release the files for students that they along as part of their new contractural agreement with the other school.

Shortly, after, she was informed that the students taken by the brokers have been awarded with a M.D. degree without backup documents necessary for their degree, because she was still holding the files as collateral until payment of balance would made good by those two brokers.

Mr. WYDEN. Mr. de Mesones, do you think you could pull it off again?

Mr. DE MESONES. No, sir; I have no intent in my life to commit any crimes.

Mr. WYDEN. I didn't ask that. I said do you think you could? We are quite certain that you have no intention of doing it again, but do you think that given the system and its apparent failure to deal with these problems effectively, do you think you could do it again?

Mr. DE MESONES. I am a little confused with your question. You say could I do the same thing again?

Mr. WYDEN. Given the system and the fact that it hasn't worked very effectively in policing these situations——

Mr. DE MESONES. The Government here, if they want to detect and they want to prove this practice is still being done by the schools, I would be pleased to cooperate and go about and be able to obtain what they wish. Is that what you are asking of me?

Mr. WYDEN. I am asking what you told the subcommittee; that is, that you could get away with it again. We know you are not planning to do it, but you could get away with it.

Mr. DE MESONES. Could you rephrase your question again, if me or somebody else could be able to do it, I assure you they would be able to do it.

Mr. WYDEN. Thank you.

Mr. DE MESONES. You are welcome.

Mr. PEPPER. Mr. Bilirakis.

Mr. BILIRAKIS. Thank you, Mr. Chairman.

Mr. de Mesones, who were the assistant deans and some of these people at these medical schools, in quotes? Were they American doctors?

Mr. DE MESONES. As a matter of fact, one of them was an American doctor who holds two very important degrees from very prominent and important universities in this country, one degree of a neurosurgeon from Loyola University in Chicago, and the other degree from Columbia University, is in hospital administration.

Mr. BILIRAKIS. So this is one of the people that you gave money to to falsify documentation?

Mr. DE MESONES. Yes; and not only that, I do believe this specific person before he went to become an assistant dean or dean of the school, he was the dean of a very good school that is a member of the AAMC.

Mr. BILIRAKIS. Do we have this assistant dean's name—we do.

Mr. DE MESONES. And this is the dean who handed to me the fake documents, wiped out the names of those transcripts belonging to bona fide students who applied to this school and he told me, "you just type the name there and make sure your students go to a notary and notarize their signature and return the documents to me in order to fulfill the requirements of this school." I just took an opportunity that already was a common practice there.

Mr. BILIRAKIS. Are there many like him?

Mr. DE MESONES. I believe there are many in countries in the Caribbean. I do believe—I gave this information to the postal inspectors here. I also detected and discovered other things which were interesting and amazed me. Perhaps some of these so-called physicians are practicing at the moment in some veterans' hospitals in the United States and when they have been called by the authorities, they say the U.S. Government does not require a M.D. degree for a physician to practice medicine for the Government. That, to me, confuses.

Mr. BILIRAKIS. I don't think that is true, but I think that the requirements are somewhat——

Mr. DE MESONES. Mr. Lyons from the New York Times told me on the telephone that was typical—I passed the information to him.

Mr. BILIRAKIS. Going back to Miss Bouchard, the degree and all these credentials, transcripts and what not that you acquired for her, by your testimony, she did not attend a single day of medical school in Santa Domingo, right?

Mr. DE MESONES. No, sir; and I am almost sure that she never went to the Dominican Republic before, only in that week of graduation.

Mr. BILIRAKIS. You were able to get her degree from CETEC?

Mr. DE MESONES. Yes.

Mr. BILIRAKIS. And you were able to get falsified transcripts and all the documentation that would indicate that she had attended school in CETEC?

Mr. DE MESONES. As a common practice, the school has to furnish the student, along with a degree, the transcripts and also a letter of recommendation signed by the dean stating that that student had been performing excellent in the years she or he had been an American student in that school.

Mr. BILIRAKIS. All right, sir. Thank you.

The documentation that you received, the letter from the dean and all these things, were these all falsified by you in her case or did you actually receive these from the authorities at CETEC and then paid them money for it?

Mr. DE MESONES. I am very pleased and very glad that you asked me that question because many people in this country, they do believe that I forged those degrees. I never put any colon or semicolon in those degrees. Those degrees are bona fide original degrees signed by the authorities of the school. Those degrees have been certified, those signatures attested by the Dominican Republic Government, by the State Department of the Dominican Republic and therefore those degrees are absolutely good degrees. They have been obtained with false recommendations, false channels, false requirements to obtain it, but the degrees are absolutely originals.

Mr. BILIRAKIS. And Miss Bouchard, during that short period of time, but with the falsified documentation, it could have been an indication that she had been in fact attending school there over 4 years or whatever the period of time should be in medical school, I believe it is 4 years—during this period of time she could have applied for a Federal Government loan to help her get through medical school and if she had qualified, she probably could have gotten that loan, in other words, she could have been put in the same category as other students going to these medical schools and they are getting Federal Government loans, taxpayers' loans?

Mr. DE MESONES. That is true because if they want to avoid my services and overpass me they could do it because the school has a set of requirements, prerequisites for the student who wishes to be registered in that school and to pursue the career of medicine in one way or the other, and therefore as I repeat it again, I approach a standard procedure, a practice that was already in existence.

Mr. BILIRAKIS. You took advantage——

Mr. DE MESONES. I took advantage of a practice, never thinking that I was going to break the law in the United States because I always have in my mind I could be able to obtain perhaps 10 degrees or 20 degrees to individuals, imprecise, perhaps to a horse or to a donkey. If that horse or donkey doesn't pass a test in this country, he will never be able to practice medicine in the United States. The whole thing was the tests, the ECFMG and the Flex which I think is very important for the American authorities to look at those tests and to see what other things they can develop to prevent the reoccurrence of this matter.

Mr. BILIRAKIS. There are a lot of questions, sir, that I would like to ask about the quality of those schools and I am not going to ask them of you, we will ask them of some of the medical authorities coming up later, but do you personally know of students, and again in quotes, who did not even attend a single day of medical school down there who actually received U.S. Federal Government loans for their medical schooling?

Mr. DE MESONES. Yes.

Mr. BILIRAKIS. You personally know——

Mr. DE MESONES. Yes. I know and I give it to the authorities.

Mr. BILIRAKIS. Thank you, Mr. Chairman.

Mr. PEPPER. Mr. DeWine.

Mr. DEWINE. Thank you very much, Mr. Chairman.

I wonder if you could tell us very briefly how you first became involved in this business? How did you get the idea?

Mr. DE MESONES. Very simple. When I was myself a member the Advisory Conference for the President of the United States, one of the aims of this council was to help and upgrade the minorities to obtain certain levels in businesses as well as in the career ladder, and at that time I was served also adviser to the Cabinet Committee for Hispanic American People, a committee created specifically during the time of the Nixon Administration to help the Spanish minority.

I was very interested in pushing the candidates for any school to be able to obtain a degree. That was within American institutions. I was doing very well and I was successful and very pleased with my aims. I never broke the law. I got beautiful letters, and perhaps they are as good as the decorations I have from several Latin American countries for my aims in international relations and also I could compare with those letters it really pleases me to be thanking me for my aims in helping them.

After that, I had solicitations for people other than minorities to help them to obtain admissions into American medical schools within the country, and as you know, it is extremely difficult to obtain an admission in any American medical school. You have to be a very, very bright person and have an average of 4. You had to be perhaps 3.7 or 3.8 on a scale of 4 to be able to just get an interview and I was able to secure some interviews, courtesy interviews for students who had lower than 3.5, and this is where I tried to sell the students who had the personality, the knowledge.

They were late bloomers and they were able to become a good medical physician as I am proud they did, and I never bribed anybody, I never twisted the arms of any members of the admissions committee and up to that it was becoming difficult to obtain admission for American students into the American schools.

At this time I saw many ads in the New York Times and in all the newspapers in the country that they have been offering their services and therefore I engage myself in traveling to many countries in the world, including the Philippines, to try to establish a medical school within an already existing, medical school or university, but this one tailored to American students and in English.

Mr. DEWINE. I wonder if you could—I want to make sure I understand exactly what your testimony was. It is my understanding that you testified to this committee that not only did you secure the diploma, but you were also involved in helping this particular student to pass the medical examination back in this country?

Mr. DE MESONES. No. That was exactly what I always told the students when I was requested if I would be able to help them, or to provide them with a copy of the test in advance. I said, listen, don't get me involved with anything that has to do with breaking the law in this country.

Mr. DEWINE. Do you have any idea of the people that you arranged to get these degrees, what percentage of them actually passed the test and are practicing medicine in this country?

Mr. DE MESONES. I have no idea. I have been informed they do have according to the facts I gave before, an average of 13 or something like this, but I don't know so. They say they passed the test or they obtain their licenses but I never witness any of the licenses. They have to pass two tests; One test is the ECFMG, which is the first test for any graduate to be able to obtain a position in any hospital as a resident, and that residency could be for 1 year, 3 or more according to the specialty the physician wishes to practice.

After he has spent some time as a resident is where he can apply for his license, although I believe there are some States that do not require residency.

Mr. DEWINE. So you don't know?

Mr. DE MESONES. No, I don't. My business was entirely to secure the student a degree there and I fulfilled my commitment with the student in matters out of the country.

Mr. DEWINE. Our time is short. One more question. The so-called students that you got degrees for, I am curious as to whether or not they had any chances of passing these tests. What type students were they? Give me a typical student. Are these people who were in college, were not in college, had a medical background, where did they come from?

Mr. DE MESONES. That is a very interesting question to me. All the clients that I secured as you were able to hear when I asked Ms. Bouchard—they are completely attached to the medical field, to the field of science. None of these students are taxi drivers, truck drivers or plumbers or any other profession outside of the profession they wish to enter. I am sure they have dedicated themselves, to being doctors by studying themselves, they would be able to obtain that degree without me having to help them.

Mr. DEWINE. Thank you.

Mr. PEPPER. Mr. Wortley.

Mr. WORTLEY. I just want to ask a couple of questions and if you could give a brief answer. How many other charlatans like yourself are there operating in this country?

Mr. DE MESONES. I beg your pardon?

Mr. WORTLEY. I said how many other charlatans like yourself are there in this country?

Mr. DE MESONES. A quantity of people. There are lots of people——

Mr. WORTLEY. All engaged in the same area?

Mr. DE MESONES. In the same thing. I give some of the names to the authorities and I would be very happy to testify to the fact what they did.

Mr. WORTLEY. Were you involved in providing degrees for people in areas other than medicine?

Mr. DE MESONES. No.

Mr. WORTLEY. Just in the field of medicine?

Mr. DE MESONES. I was requested—most of the people requested to become physicians.

Mr. WORTLEY. How many colleges or how many medical schools did you use——

Mr. DE MESONES. I use only one and I was about to use a second one. The second one I was not successful in getting the students through because this was a time when my documents had been seized by the authorities and they had taken possession. In that time I was thinking of another school and I called the candidates and said to them to pursue degrees with the school, by themselves, and that I have nothing to do with this type of business any more.

Mr. WORTLEY. Have you provided to the authorities the names of every one of your students?

Mr. DE MESONES. Yes, and I give a statement of everything that happened because this is exactly what I am doing. I will not only be able to provide information from what I know and my own clients, but also I know other clients and students. I would be pleased because I am myself committed to clean up this mess because there is no reason why I realize now that the American people should not be inflicted with this kind of shady activities.

Mr. WORTLEY. I hope you never have to be treated by one of your students.

Mr. DE MESONES. Also I have a grandson, I have my family, my roots are here. I am an American, too, and I talk to my wife and I say can you imagine if one of these doctors could treat my grandchildren without me knowing the alma mater of the physician? I was confident that some of the students would become good physicians. As a matter of fact, the New York Times brings some statements from hospitals of these residents where they have been good physicians, but that has nothing to do with not being able to commit a crime. They could be able to commit a crime and make false diagnosis and statements.

Mr. WYDEN. Would my colleague yield?

I understand that you never want to see this happen again in this country and you want to clean the system up. I also think that you are fully capable, given our system and the fact that you have these skills, to be able to do it again.

If one of the members of the subcommittee said, "get me a phony medical degree," what would it cost?

Mr. DE MESONES. An average of $10 to $15,000 and perhaps $20,000. It depends on the given candidate, because in my case perhaps—I have cases where one student I charge $20, $25, he pays for the others who pay me $5 or $3,000 and some couldn't pay me at all. I had to shell out my money to pay for them for the degree, thinking that they would pay me later.

Mr. WYDEN. I thank my friend for yielding.

Mr. WORTLEY. One last question. Do you think it is possible to obtain a phony degree in a medical school in this country?

Mr. DE MESONES. In this country, no. Can I elaborate a little bit on that?

Mr. WORTLEY. I will ask the chairman, can the gentleman elaborate?

Mr. PEPPER. Thank you very much. I thank the members of the committee.

Mr. de Mesones, have told us a sordid story, one which I am sure will always be a source of deep regret to you. It is simply appalling that this kind of thing could happen.

What about the integrity of the governments of these countries in which this kind of thing exists and the like? We hope you have warned us to be on the alert and perhaps try to set in motion forces that would prevent this, and try to put other people that are doing the same thing now where you are today. They should be in remorse for having been a participant in that sort of enterprise.

We appreciate you coming and I know the government and all good people in the country will appreciate your utmost cooperation in trying to break up this dastardly practice that you have told us about.

Mr. DE MESONES. Thank you very much. I love this country and you will find my works and good deeds in the Congressional Record, too.

Mr. PEPPER. Thank you very much.

Our next witness will be Mr. L of Ontario, Canada, and the next will be Dr. X. They are already at the table. And then later Mrs. Loretta Branda, accompanied by Mr. Gary Lesneski, Esq., who will speak for her.

First, Mr. L.

STATEMENT OF MR. L

Mr. L. Mr. Chairman and members of the committee, I would like to be referred to as Mr. L, I am a Canadian pharmacist. I had always wanted to be a doctor but knew I couldn't get into an American program with a C average. So when I learned that I could get a medical degree through a newspaper advertisement which appeared in the New York Times in the spring of 1981, I wrote the company promoted in the ad.

I wrote Medical Education Placement and received an application and a telephone call from Mr. Pedro de Mesones. I was told that the fact that I could not get professional recommendations for medical school, hadn't taken the medical college admissions test, and couldn't speak Spanish wouldn't affect my admittance to the medical school in the Dominican Republic named Centro de Estudios Technicos. Additionally, Mr. de Mesones said I could get an M.D. degree without going to this Carribean school. He said that I could take basic science courses like anatomy in Canada at any school. Soon thereafter, I filed a CETEC application.

In this way, I would satisfy the first 2 years of medical school and the basic sciences. CETEC would accept those courses I took while in pharmacy school and additional courses which I claimed to audit without enrollment at a Canadian university, but in fact never attended. Mr. de Mesones later furnished me with a transcript from the medical school of the Universidad del Noreste, a Mexican university, which listed all of the medical basic science courses and my grades in them.

In order to enter a clinical clerkship I needed the transcript to prove that I had passed all required basic science courses with a B average. Even with the transcript, however, I couldn't get into a Canadian clinical program, so I asked Mr. de Mesones to arrange clinical rotations for me in the United States. But before I reported to New York, arrangements were made for me to spend 1982 in clinical rotations at Polk General Hospital in Florida.

Since my intention is to get a research position, I wrote Mr. de Mesones to ask if rotations were still necessary. At the time Mr. de Mesones said they were. So on January 19, 1982, I reported to Polk General and Mr. McPike, Polk's medical director, to begin rotations. I was assigned to a doctor who worked in the outpatient clinic. I am not sure of what his specialty was. For 3½ weeks, I observed and followed him from 8 a.m. to 4:30 p.m., Monday through Friday. Occasionally, I listened to a patient's heart or looked into his eyes or ears. I also took one or two medical histories, but only after my doctor had already taken them. Most of the time I observed and asked questions.

After 3½ weeks at Polk General, I received a call from Mr. de Mesones. He had changed his mind. Mr. de Mesones said that since I just wanted a research job I could forget about finishing my rotations. He had another student who needed my place. I informed Dr. McPike that I was leaving and that Pedro de Mesones had made other arrangements for me. I returned to Canada and continued working as a pharmacist. Mr. de Mesones assured me that I would graduate in June and have my M.D.

So in June 1982 I traveled to Santo Domingo, Dominican Republic, and graduated from CETEC Medical School. Of the 100 or so graduates, around 25 seemed to be connected with Pedro de Mesones. Prior to graduation, de Mesones showed me a letter from Dr. McPike dated May 4, 1982, which stated that I successfully finished approximately 15 months of clinical rotations at Polk. Pedro de Mesones told me not to tell anyone about the school but urged me to refer to him anybody who was serious about getting a degree. Between my application in April 1981 and graduation in June 1982, I paid Mr. de Mesones over $10,000, including money for clinical rotations.

In July 1982, I took the Educational Commission for Foreign Medical School Graduates exam also called the ECFMG. This exam is required for all United States and Canada citizens who graduate from foreign medical school before graduate medical education licensure in the United States. I failed with a 70, but after taking a Stanley Kaplan review course, I passed the ECFMG with a 75 in January 1983. Shortly after that I was approached by the U.S. Postal Inspector's Office and the Royal Canadian Mounted Police. With the arrest of Pedro de Mesones, they recovered all of his records, which included my letters and transcript. I surrendered my diploma to the U.S. Postal Service. I have also surrendered my ECFMG certificate and requested to have my qualification withdrawn.

Thus, in 1 year and for $10,000, I gained admittance to CETEC medical school without taking the MCAT's, without legitimate recommendations, without an average grade point average, and without any knowledge of Spanish. I received a phony transcript with courses I never took and grades I never earned. I received credit for 15 months of clinical rotations when in fact I only spent 3½ weeks observing a doctor. I graduated with my M.D., and I successfully passed the exam used to permit citizen graduates of foreign medical schools into the American medical system.

If not for the arrest of Pedro de Mesones, I would be practicing medicine today. I think I would have been a good doctor. Thank you.

Mr. PEPPER. Thank you, Mr. L.

Dr. X, would you proceed.

STATEMENT OF DR. X

Dr. X. Thank you, Mr. Chairman.

In late 1981 I received a letter from a medical school placement service with a Washington, DC post office address. The letter offered a fully accredited medical degree from a foreign school. Now I am a chiropractic physician. I was to respond with transcripts of my chiropractic and pre-professional education by mail to the placement service. The letter was signed by a Ms. Louise Grady.

It was not uncommon at that time, Mr. Chairman, to receive letters of this type. I would estimate I received one letter or solicitation per month offering a medical education or a placement for a medical education from various individuals. I responded to this letter and in December of 1981 I received a call from Mr. Pedro de Mesones. He did not identify himself with the previous letter but he knew that I was interested in continuing my medical education.

He provided me with references of his other students and phone numbers, including two fellow chiropractic physicians. He informed me that he felt—one of the chiropractic physicians that I contacted told me that he felt Pedro was legitimate and that he had already completed the program, received his degree, and passed the ECFMG exams. I did not know at this point what the program entailed. I seriously thought that Mr. de Mesones was a placement official.

I talked with Pedro and he set up a meeting with me at the terminal of the Nashville, TN, Airport. He said to bring with me $5,100 in cash and the application, plus a birth certificate, a photograph and a report of financial condition on myself. I received a packet by mail with the proper forms to be filled out, plus letters from the school, CETEC, confirming Mr. de Mesones' authority to act on their behalf.

The meeting took place with Mr. de Mesones, and I filed the papers with him. I was informed by Mr. de Mesones that foreign schools do not discriminate against chiropractors or other U.S. allied professionals as did other U.S. schools, and he would obtain a transcript giving me full credit for my education.

He said that since the course of study was almost identical, that most likely he could get credit through a foreign school which would transfer directly to CETEC for graduation. I received a copy later of a transcript in Spanish from him showing semesters at a Mexican medical school in my name. I was quite surprised. This was incredible to me. But I was willing to accept it at that point if the school would grant such credit. I didn't suspect anything was wrong at this point. I had worked hard and had graduated from an accredited professional school in this country, with honors, and it didn't seem wrong that a foreign school would accept that.

On April 30, 1982, I received the packet from Mr. de Mesones. The packet contained three letters, one dated January 14, 1982,

from the dean of CETEC School of Medicine, informing me of my acceptance into their M.D. program. The packet also contained a letter from the dean certifying that I was a regular student and that I would be accepted into a clerkship at a U.S. hospital for clinical rotations; in other words, a letter showing my expected graduation date as December 1982, and it was signed by the dean.

I went to Santo Domingo in June of 1982, and went to the school. I inquired at the admissions office of the school, but they said they had no file on me. At this point the red flag went up. I had paid $5,100, filed proper applications, and the school had not heard of me. I talked later with de Mesones at his hotel, and he seemed angry because of my concerns and he later took me to the school, and the attitude was entirely different at that time. During my stay in Santo Domingo, I met several people, 25 or 30, who were there for graduation.

I met one young couple who were dentists, a gentleman with a Ph.D., a pharmacist, other professional people who, like myself, already possessed a first professional degree. But, to my surprise, I met several who had no prior medical training whatsoever. I was puzzled as to how they could qualify for graduation from a medical school. These people had one thing in common—Pedro de Mesones.

One young man from the United States showed me his papers, which included a transcript from Mexico. The transcript was identical to mine except for the names. It was obvious that the two had been copied from the same original document with the names inserted. I watched this young man graduate on July 12 from CETEC. I talked with de Mesones and said that I was concerned. We argued and discussed it for a while, and he agreed to hurry up the completion of the program if I would pay him the remainder of his money.

I came home concerned and made a few calls and found several CETEC graduates working as physicians. These doctors assured me that all was OK, but I still felt something was wrong. Since I was already into the program for several thousand dollars, I took the cash to de Mesones' home in late July '82 and he handed me my diploma. Total expense to de Mesones, $25,000. I received other documents at that time, obviously forged, which showed that I had completed clinical rotations.

Mr. Chairman, I have not. I have taken the ECFMG exams but have not otherwise used the degree.

As a postscript, in 1983 I called the school. The school did not show me as a graduate of the school. The records indicate that they did have a file on me, but did not show me as having graduated, when indeed I held the diploma and the transcript. I feel that Mr. de Mesones actually felt that what I was doing was the way things were done in this country, and through the entire process he acted, to me, as if he were providing me with a public service. I since mailed the degree back to the school. It is not a legitimate degree and therefore should not be used.

Now, there are three reasons, Mr. Chairman, why someone would do something like this in my profession and in other allied health professions:

No. 1, the acknowledged prejudice against my profession by the medical education community.

No. 2, I was over 26 years of age, and U.S. medical schools simply refuse to admit anyone past that age.

And No. 3, medical school seats are limited anyway because of the various affirmative action programs.

Thank you.

Mr. PEPPER. Thank you very much, Doctor.

[The prepared statement of Dr. X follows:]

PREPARED STATEMENT OF DR. X, TENNESSEE

Members of the Subcommittee. Ladies and Gentleman. For obvious professional reasons, I would like to be referred to as Dr. X. I am a Doctor of Chiropractic and practice in Tennessee. I am here today in the hopes that my story will help others avoid my unfortunate experiences.

Early in 1982, I injured my wrists which led me to question how long I would be able to continue in my physically demanding profession of chiropractic. At about the same time, I received a letter from the Washington based company called Medical Education Placement, Inc. offering me an M.D. degree. This solicitation (which I would like to submit for the Record) read in part:

"We are in a position to offer you an M.D. degree through a WHO listed, fully accredited, foreign medical school . . . If you feel that you would be interested in obtaining an M.D. degree, please send us a copy of your transcripts, resume, and any additional information concerning your educational background, along with a phone number and mailing address where we can contact you. . . ."

Such solicitations are not uncommon. In this particular case and in my less than promising situation, I responded with a letter and my resume. Later in 1982, I received a call from Pedro de Mesones who told me that foreign schools were not prejudiced against chiropractors, that I was only deficient in pharmacology and surgery, and that he wanted me to meet with him to discuss the details of obtaining the degree. I agreed, knowing that I would not get a similar deal from U.S. medical schools which are prejudiced against chiropractors.

I met with Mr. de Mesones and his wife at Nashville Airport shortly after our conversation. Mr. de Mesones explained that I would pay him for every medical school credit that Centro de Estudio Tecnico (CETEC) "awarded" me. I gave him a check for $5,000 on the spot and was told to go to the Dominican Republic in June 1982, at which time I thought I would begin medical school.

In June 1982, after leaving my chiropractic practice with another chiropractor for what I thought would be the length of my medical schooling, I reported to CETEC. On arrival, however, Mr. de Mesones informed me that he had arranged for me to graduate. Although I felt a little guilty, I decided to go along with him.

Shortly after returning to Tennessee, I received a phone call from de Mesones asking for me to come to Washington. My wife and I flew to Washington, D.C. and went directly to Mr. de Mesones' home in Virginia. I paid de Mesones $20,000 in the form of a bank draft for his services as well as my diploma, transcript, and other necessary credentials.

With these credentials, I sat for the ECFMG exam twice and failed each time. I also contracted various state licensing boards to find out about FLEX requirements. It took the arrest of Mr. de Mesones and an article I read about California not accepting CETEC degrees, for me to realize that what I was doing was wrong; I have not since tried to get certification.

Mr. PEPPER. Mr. Lesneski, if you will read your statement we would be pleased to hear you. You are reading the statement of Mrs. Loretta Branda.

STATEMENT OF LORETTA BRANDA, PRESENTED BY GARY LESNESKI, ESQ.

Mr. LESNESKI. Mr. Chairman, members of this distinguished committee, ladies and gentlemen, let me again briefly introduce myself. I am Gary Lesneski. I am a member of the New Jersey Bar and a member of the Haddonfield, NJ, law firm of Archer & Greiner. We represent Joseph and Loretta Branda. Next to me is my client, Loretta Branda.

We have been asked to come here today to dramatize for you the dangers inherent in the practice of medicine by unlicensed persons. No brief statement to this committee can truly do justice to the pain and suffering which has been visited on my clients: Nonetheless, I hope my brief comments on their behalf will assist this committee in its work, and encourage further consideration of safeguards to prevent other families from suffering similar tragedies.

Joseph Branda is a 47-year-old, retired Navy man, who gave 20 years of honorable service to this country. Joseph Branda had extensive background in the electronics field as a result of his Navy service and was employed in private industry at the time of this incident.

Today Joseph Branda is in a coma at Walson Army Hospital in Fort Dix, the victim of one Abraham Asante, who was posing as an anesthesiologist at Walson.

Joseph and Loretta Branda were married on July 22, 1983. They were looking forward to a bright future together. They were a very close couple, working at the same office. Joseph Branda was in excellent overall health when he entered Walson in August 1983 for removal of a tiny bladder tumor. This was routine surgery and the surgical procedure itself only lasted about 15 minutes. It was done under spinal anesthesia: once again, a routine procedure.

Unfortunately for Joseph Branda, "Dr." Asante was the anesthesiologist in charge. According to the Army's own investigation, Asante totally bungled his responsibilities, failed to properly monitor my client, leading to a several minute interval where Mr. Branda had stopped breathing. By the time Asante notified the surgeon that Mr. Branda was having "problems," and a team of medical personnel resuscitated Joseph Branda, massive, irreversible brain damage occurred.

According to the Army's neurologists, Joseph Branda is in what they describe as a persistent vegetative state—that is, they say he has no intellectual functions other than those which keep him alive. He will be in need of round-the-clock nursing care for the rest of his life, which, according to life expectancy projections, will be 25 to 30 years. He will be at risk, due to his condition, to various other acute illnesses, such as infection. The cost of caring for Joseph Branda over the remainder of his life will be staggering, not to mention his other damages, such as his loss of income and the immeasurable loss of the total enjoyment of his life.

The aftermath of this unfortuante incident also goes well beyond the immediate effects on Mr. Branda. You can imagine what this incident has done to Mrs. Branda. Her hopes and dreams have been shattered; she has experienced continuing emotional trauma which has seriously impaired her ability to lead a normal life. I can tell you, if it is not otherwise obvious to you, that her being here today is a difficult experience for her. Nonetheless, she hopes, as do we all, that her being here today will increase public awareness of the issues your committee is considering.

We can and are seeking monetary redress for the Branda family in the courts, but no amount of money will ever restore Joseph and Loretta Branda to their former lives.

We do not yet know how Mr. Asante could have held no less than three Federal sector jobs without a discerning and complete

check of his credentials having been made. What is all the more tragic is that information was available from licensing bodies which would have shown this man to be a fraud had there been a procedure in effect which would have required a complete verification of credentials to be made.

We can only continue to pursue our efforts to have the Army recognize their responsibility to fairly and fully compensate the Brandas for their loss. You can work to insure that the proper safeguards are in place to identify and weed out persons like Mr. Asante before they can do harm to people. We wish you success in that effort.

Mr. PEPPER. Thank you very much, Mr. Lesneski, for your kind reading of that tragic story, and we extend our deepest and most profound sympathy to Mrs. Branda, the victim of that terrible hoax.

Mr. LESNESKI. Thank you, Mr. Chairman.

Mr. PEPPER. Mr. Wyden, do you have any questions?

Mr. WYDEN. I have a question for Dr. X.

I was really unhappy to hear those last comments you made that seemed to be a justification for why someone would do something like this. I am one of the strongest supporters in the Congress for additional opportunities for chiropractors, and my only message to you is let's work to change the rules within the system, not to short circuit the system and break the law.

I think it does a disservice to chiropractors around the country saying that there is a moral fudging that is permissible just because there is discrimination. I agree there is discrimination against your profession, but the way to change things is to change the system, not to say it is the system's fault so, therefore, we will break the rules and therefore everything will be OK.

Mr. L, how did you attempt to verify Mr. de Mesones promises? I think that there is a paper trail here that the subcommittee is interested in. We would be interested in a brief description of how you tried to verify his promises to you.

Mr. L. I first wrote a letter to the World Health Organization and asked them about the school, and they sent me back a reply saying that the school is in good standing and is listed with the World Health Organization's list of medical schools. And then I sent a letter to the school and asked about de Mesones, and then they sent me a letter saying that he is in fact an official from the school and he has the power to admit students.

I also sent a letter to the ECFMG Commission asking the eligibility of CETEC graduates, and they said candidates from CETEC graduates are accepted. So, after these three replies I received, I made my application.

Mr. WYDEN. I would ask unanimous consent that those materials be made a part of the record.

Mr. PEPPER. Without objection, so ordered.

[The material submitted by Mr. L follows:]

UNIVERSIDAD CETEC

Fundada el 15 de julio de 1971

TO : WHOM IT MAY CONCERN

FROM : LIC. ANGEL G. LOCKWARD
EXECUTIVE SECRETARY

RE: : RECRUITING AUTHORIZATION

DATE : DECEMBER 17, 1981

This is to certify that Mr. Pedro De Meonas is a representative of the University CETEC and as such is authorized to make recommendations to the university authorities regarding candidates for admission to the Schools of Medicine and Dentistry.

Signed in Santo Domingo de Guzman, Dominican Republic, dated December 17, Nineteen Eighty-One (1981).

Lic. Angel G. Lockward
Executive Secretary

CAMPUS I Avenida Tiradentes Esq. Rafael Augusto Sanchez
Tels. 565-1233 – 565-0408

CAMPUS III Avenida Ortega y Gasset Policlinico Naco, Sto. Dgo. D. N.
Tels. 566-8809 – 566-3131

EDUCATIONAL COMMISSION for FOREIGN MEDICAL GRADUATES

3624 MARKET STREET, PHILADELPHIA, PENNSYLVANIA 19104, U.S.A. ☐ PHONE: 215 386-5900 ☐ CABLE: ECFMGUNCH, PHILADELPHIA

April 18, 1980

Dr. Jose Nino-Curt, M.D., M.P.H.
Universidad Cetec
Escuela De Medicina
Hospital Policlinico Naco
Avenue Ortega y Gasset
Santo Domingo
Dominican Republic

Dear Dr. Nino-Curt:

Applicants for ECFMG certification from Cetec University School of Medicine, who can meet the educational and other requirements to do so, will be permitted to take ECFMG examinations, effective immediately.

This decision is based upon the November 26, 1979 letter from Dr. D. Fishaut, of the Division of Health Manpower Development, World Health Organization, to the Undersecretary of State of Public Health and Welfare of the Dominican Republic. In that letter, Dr. Fishaut indicated that text regarding Cetec University School of Medicine has been prepared to be included in a possible supplement to the fifth edition or in the sixth edition of the World Directory of Medical Schools.

The ECFMG Board of Trustees has determined that if a foreign medical school will be listed in a future edition of the World Directory documented by the World Health Organization, that may be considered equivalent to listing in the Directory for purposes of admitting foreign medical school students to ECFMG examinations. Since text regarding Cetec University School of Medicine has been prepared to be included, obviously "Cetec" will be listed in a possible supplement or in the next edition of the World Directory of Medical Schools.

If "Cetec" is not listed in the next (sixth) edition of the World Directory, students then attending "Cetec" will immediately lose eligibility to take ECFMG examinations, and they will not be eligible for ECFMG certification.

Let me know if you have any questions.

Sincerely,

Ray L. Casterline, M.D.
Executive Director

WORLD HEALTH ORGANIZATION

ORGANISATION MONDIALE DE LA SANTÉ

1211 GENEVA 27 - SWITZERLAND
Telegr.: UNISANTE-Geneva

1211 GENÈVE 27 - SUISSE
Télégr.: UNISANTÉ-Genève

Tél. 34 60 61 Télex 27821

In reply please refer to:
Prière de rappeler la référence: E3/374/5(D)

Votre réf. 27016

le 20 novembre 1979

Monsieur le Sous-Secrétaire d'Etat,

Répertoire mondial des écoles de médecine

J'ai l'honneur d'accuser réception de votre lettre du 12 octobre 1979 à laquelle était joint un questionnaire dûment complété concernant l'Escuela de Medicina de la Universidad de Centro de Estudios Tecnológicos, Avenida Tiradentes, Nace, République Dominicaine, et se référant au Répertoire mondial des écoles de médecine.

Je vous informe que le questionnaire susmentionné contient l'information requise et nécessaire pour que l'école en question soit incluse dans le répertoire.

La cinquième édition du répertoire vient de paraître. Je vous informerai de la date de parution du prochain répertoire ou de son supplément. C'est alors que je soumettrai à votre approbation le texte préparé pour être inclus dans le répertoire ainsi qu'éventuellement un questionnaire additionnel de mise à jour.

Je voudrais profiter de cette occasion pour vous rappeler que l'OMS n'a aucun mandat pour évaluer ou pour reconnaître de quelque façon que ce soit les écoles de médecine et établissements semblables. De telles mesures demeurent la prérogative exclusive du gouvernement national concerné. L'OMS se borne à inclure dans ses répertoires les informations qui lui sont communiquées officiellement par les gouvernements de ses Etats Membres.

Veuillez agréer, Monsieur le Sous-Secrétaire d'Etat, les assurances de ma haute considération.

Dr D. Flahault
Médecin chef
Développement des Equipes de Santé
Division du Développement des Personnels de Santé

Monsieur le Sous-Secrétaire d'Etat
Secretaria de Estado de Salud Pública
y Asistencia Social
Santo Domingo
République Dominicaine

cc. Secretaria de Estado de Relaciones Exteriores, Santo Domingo

Mission permanente de la République Dominicaine auprès de l'Office des Nations Unies et des autres Institutions internationales à Genève

Mr. WYDEN. Thank you, Mr. Chairman. No further questions.

Mr. PEPPER. Mr. DeWine.

Mr. DEWINE. I would first like to thank Mrs. Branda for being willing to come here today. We appreciate it very much.

A question for Mr. Lesneski. You mentioned in your written testimony that Mr. Asante had three different Federal positions. What were those?

Mr. LESNESKI. Prior to coming to Walson, I believe that he had at least two prior positions with the Army, one as a medical officer in Buffalo and a position which I believe was at Fort Hamilton. I also believe he held for some time a position with the National Institute of Health. He was let go, as I understand it, because he could not produce proper credentialing.

Mr. DEWINE. So they caught him there but they didn't catch him at the other two?

Mr. LESNESKI. Apparently that is correct.

Mr. DEWINE. Were all of these positions medically related?

Mr. LESNESKI. All three were medically related, as far as I know, sir.

Mr. DEWINE. Thank you, sir. Thank you, Mr. Chairman.

Mr. PEPPER. Dr. X, I would like to support what was said by Mr. Wyden. In Florida our chiropractors are licensed by the State; they are authorized to practice that profession, and I have always supported them in their right to do so; leave it up to the people to decide what kind of treatment they want.

Sometimes they find relief in a chiropractor's treatment which they don't find in other kinds of treatments. But so far as I am aware, in Florida the chiropractors are reputable, duly licensed practitioners of their art, the art of chiropracting.

Thank you all very much. We appreciate your kindness in coming.

The next panel, panel No. 2, is Mr. William Wood, executive director, New York Education Department, Office of Professional Discipline, New York, NY; Dr. Robert Katims, chairman, Foreign Medical Graduates Committee, Florida Board of Medical Examiners; and Bryant L. Galusha, M.D., executive vice president, Federation of State Medical Boards of the United States, Fort Worth, TX.

Welcome, all of you, Mr. Wood and Dr. Katims and Dr. Galusha. First we will hear from Mr. Wood, if we may.

PANEL 2—THE STATE RESPONSE: CONSISTING OF MR. WILLIAM L. WOOD, EXECUTIVE DIRECTOR, NEW YORK STATE EDUCATION DEPARTMENT, OFFICE OF PROFESSIONAL DISCIPLINE, NEW YORK, NY; DR. ROBERT KATIMS, CHAIRMAN, FOREIGN MEDICAL GRADUATES COMMITTEE, FLORIDA BOARD OF MEDICAL EXAMINERS; AND DR. BRYANT L. GALUSHA, EXECUTIVE VICE PRESIDENT, FEDERATION OF STATE MEDICAL BOARDS OF THE UNITED STATES, FORT WORTH, TX

STATEMENT OF WILLIAM L. WOOD

Mr. WOOD. Thank you very much, Chairman.

Mr. Chairman and honorable members of the Select Committee on Aging, I am pleased to appear before you today to discuss the

so-called phony doctor cases, cases involving individuals who obtained medical credentials by forgery, fraud, or deceit.

I am the executive director of the New York State Education Department, Office of Professional Discipline [OPD]. As the name suggests, OPD's primary mission is one of receiving complaints of and investigating and prosecuting allegations of professional misconduct against the 31 licensed professions overseen by the New York State Board of Regents. Those professions, licensed and supervised by the regents, include medicine, dentistry, pharmacy, podiatry and nursing. Over 500,000 people are licensed to practice one or more of those 31 professions.

In addition to its responsibility for licensed members of the professions, OPD has the responsibility of investigating allegations that individuals who are not licensed have practiced or attempted to practice any of the licensed professions.

In New York State, it is a felony to:

Practice or hold oneself out as being able to practice any profession in which a license is a prerequisite if one does not hold such a license;

It is a felony to aid or abet an unlicensed person to practice a profession; and

It is a felony to fraulently sell, file, furnish, obtain, or attempt to fraudulently sell, file, furnish, or obtain any diploma, license, record, or permit purporting to authorize the practice of a profession.

Though our investigations of unlicensed practice may lead to criminal prosecution, OPD is not a law enforcement agency. That means that if we discover evidence of the crime of unlicensed practice, we cannot initiate a criminal proceeding, but must refer the matter to a prosecutorial agency. Our practice has been to refer such cases to the New York State attorney general, who has the power to initiate criminal prosecutions.

As a general proposition, only those who are licensed to do so may practice medicine in New York State. However, there are a few exceptions. Holders of limited permits and residents and interns may practice, when their practice is limited to the hospital where they are engaged and where they practice under the supervision of a licensed physician; medical students may practice while performing clinical clerkships if enrolled in medical school. And there are a few other exceptions that don't need to be addressed here.

My office became involved in these cases when the Postal Service asked us to cooperate with them in their investigation of Pedro de Mesones for mail fraud. The Postal Service developed a list of 165 people who had paid de Mesones a sum in excess of $1,500,000. Sixty-five of those people had New York addresses, or held New York licenses in other health-related fields such as nursing or pharmacy. Also it appeared that some of these people may have used the credentials and degrees obtained for money with Mr. de Mesones' assistance to fit under the practice exceptions for residents, interns or limited permit holders. Accordingly, we gave these cases a high priority and began to try to locate each of the 165 people and to develop the facts on them As we pursued our investigations and sought information from hospitals, we received

many allegations involving CETEC graduates and graduates of other Dominican and foreign medical schools.

Very often, the complaints simply stated that Dr. X was purportedly a graduate of CETEC, or some other school, but seemed to know a lot less than other medical graduates. Indeed, some of the complaints said the doctor used lay terminology, for example, sew rather than suture, wound rather than laceration and thus, didn't even sound like a doctor.

By the end of May 1984, OPD had opened over 450 cases in addition to the original 165 cases involving clients of Pedro de Mesones. These cases fell into the following categories and subcategories:

For those who were de Mesones' clients: One, those who had paid money and received credentials and degrees; two, those who had paid money but received no credentials or degrees; three, those who had had contact but paid no money to him.

Some de Mesones' clients had applied for intern or residence programs; others had not done so.

For those who were not de Mesones' clients:

One, those about whom we had received complaints questioning their medical knowledge or skills; two, those about whom we had complaints questioning the legitimacy of their credentials and/or degrees.

For the most part, these people had been in or at least had applied for internships or residencies.

Though our initial cases were opened by early February, we had opened over 600 cases by the end of May. Needless to say, our investigations will continue. As of today, we have completed 82 investigations. Forty-five have been closed with insufficient evidence for prosecution. Twenty cases have been referred for prosecution to the New York State attorney general. Three have been referred to a State district attorney; two have been referred to Federal prosecutors in New York; two to Federal prosecutors in Pennsylvania; two to State prosecutors in Massachusetts; one case to the U.S. Department of Defense and one case each to State prosecutors in Missouri, Iowa, Texas, Georgia, Florida, California, and Connecticut.

Of the 20 cases referred to the New York attorney general, there have been 20 indictments and 8 guilty pleas. One of the two Pennsylvania referrals went to trial on December 3, 1984.

By the end of the year, we expect to close 40 more cases, at least 10 of which will be referred to the New York State AG for prosecution.

During the course of our investigation, we have received the full cooperation of the National Police and of the National Council of Higher Education of the Dominican Republic. We, in turn, have given them our full cooperation. Indeed, we believe that some of the information we made available to them in April contributed to their decision to close two medical schools, CETEC and CIFAS and to arrest officials of both schools including the chairman of the board of CETEC. Most of those officials are still in jail in the Dominican Republic as those investigations continue.

In addition to our active investigations, we have made many efforts to share our information with other State and Federal authorities that are pursuing investigations. The cases we have al-

ready alluded to that were referred to other State authorities and Federal authorities clearly demonstrate this fact.

But in addition, on August 21 and 22 of this year, we, along with the U.S. Postal Inspection Service and the National Clearinghouse on Licensure Enforcement and Regulation, conducted a Federal-State seminar on the investigations that was attended by 40 representatives of State and Federal agencies.

Also, starting in August, we participated in the search for a government organization that could serve as a clearinghouse for the accumulation and sharing of all kinds of information relating to the criminal investigations and prosecutions. Very fortunately, the U.S. Postal Inspection agreed to undertake this vital clearinghouse role.

We have shared information and cooperated with the Inspector General of the U.S. Department of Health and Human Services.

The most significant fact developed in these investigations was the fact that, at least in the cases of CETEC and CIFAS, there had been an institutionalized plan of fraud and deceit that involved the actual, high-level administration of the schools themselves.

I think it would not come as a surprise to anyone that there were isolated instances of fraud or forgery in almost any kind of setting, but this was an institutionalized, mass market approach to it that really was new to our experience.

The most insidious aspect of the de Mesones scheme was that the connivance of the medical school officials made it possible to create a student file on record at the school, for those who paid the price, that was identical, for the most part, with the student files of those who had actually attended the school. For $27,000, de Mesones' fee, one obtained not only a medical degree, but an official transcript of courses with grades, faculty letters of recommendation, clerkship evaluations; in short, everything that legitimate students could earn through their academic effort, the fraudulent students could purchase.

This meant that fraud would be very difficult to detect if there are no changes in the procedures for checking credentials.

My greatest fear is that the case of de Mesones was not unique; but evidence is beginning to make it clear that other organizations and individuals played a "broker" role similar to that of de Mesones. Investigation along these lines continues.

They are going on in many quarters of the country, so they are getting high priority across the country.

[The prepared statement of Mr. Wood follows:]

PREPARED STATEMENT OF WILLIAM L. WOOD, JR., EXECUTIVE DIRECTOR, OFFICE OF PROFESSIONAL DISCIPLINE, NEW YORK STATE EDUCATION DEPARTMENT

Mr. Chairman and honorable members of the Select Committee on Aging, I am pleased to appear before you today to discuss the so called phony doctor cases; cases involving individuals who obtained medical credentials by forgery, fraud or deceit.

I am the executive director of the New York State Education Department, Office of Professional Discipline [OPD]. As the name suggests, OPD's primary mission is one of receiving complaints of and investigating and prosecuting allegations of professional misconduct against the thirty-one licensed professions overseen by the New York State Board of Regents. Those professions licensed and supervised by the Regents include medicine, dentistry, pharmacy, podiatry and nursing. Over 500,000 people are licensed to practice one or more of those 31 professions.

In addition to its responsibility for licensed members of the professions, OPD has the responsibility of investigating allegations that individuals who are not licensed have practiced or attempted to practice any of the licensed professions.

In New York State, it is a felony to: (1) practice or hold oneself out as being able to practice any profession in which a license is a prerequisite if one does not hold such a license; (2) aid or abet an unlicensed person to practice a profession; and (3) fraudulehty sell, file, furnish or obtain any diploma, license, record or permit purporting to authorize the practice of a profession.

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As a general proposition, only those who are licensed to do so may practice medicine in New York State. However, there are a few exceptions: holders of limited permits and residents and interns may practice, when their practice is limited to the hospital where they are engaged and where they practice under the supervision of a licensed physician; medical students may practice while performing clinical clerkships while matriculated in medical school. And there are a few other exceptions that don't need to be addressed here.

OPD became involved in these cases when the United States Postal Inspection Service asked us to cooperate with them in their investigation of Pedro de Mesones for mail fraud. They obtained a conviction against Mr. de Mesones for helping people obtain medical degrees and credentials from CETEC Medical School in the Dominican Republic for payments that ranged drom $5,000 to $27,000.

The Postal Service also developed a list of 165 people who had paid de Mesones a sum in excess of $1,500,000. Sixty-five of those people had New York addresses, or held New York licenses in other health related fields such as nursing or pharmacy. Also, it appeared that some of these people may have used the credentials and degrees obtained for money with Mr. de Mesones' assistance to fit under the practice exceptions for residents, interns or limited permit holders. Accordingly, we gave these cases a high priority and began to try to locate each of the 165 people and to develop the facts on them. As we pursued our investigations and sought information from hospitals, we received many allegations involving CETEC graduates and graduates of other Dominican and foreign medical schools.

Very often the complaints simply stated that Dr. X was purportedly a graduate of CETEC (or some other school), but seemed to know a lot less than other medical graduates. Indeed, some of the complaints said the doctor used lay terminology, e.g. sew rather than suture, wound rather than laceration and thus, didn't even sound like a doctor. By the end of the May 1984 OPD had opened over 450 cases in addition to the original 165 cases involving clients of Pedro de Mesones. These cases fell into the following categories and sub-categories:

For those who were de Mesones' clients: (1) those who had paid money and received credentials and degrees; (2) those who had paid money but received no credentials or degrees; and (3) those who had had contact but paid no money to him.

Some de Mesones clients had applied for intern or residence programs; others had not done so.

For those who were not de Mesones' clients: (1) those about whom we had received complaints questioning their medical knowledge or skills; and (2) those about whom we had complaints questioning the legitimacy of their credentials and or degrees.

For the most part these people had been in or at least had applied for internships or residencies.

Though our initial cases were opened by early February, we had opened over 600 cases by the end of May. Needless to say, our investigations will continue. As of today we have completed 82 investigations; 45 have been closed with insufficient evidence for prosecution; 20 cases have been referred for prosecution to the New York State Attorney General. Three have been referred to a State District Attorney; two have been referred to Federal Prosecutors in New York; two to Federal Prosecutors in Pennsylvania; two to State Prosecutors in Massachusetts; one case to the U.S. Department of Defense and one case each to State Prosecutors in Missouri, Iowa, Texas, Georgia, Florida, California, and Connecticut.

Of the 20 cases referred to the New York Attorney General there have been twenty indictments and eight guilty pleas. One of the Pennsylvania referrals went to trial on December 3, 1984.

By the end of the year we expect to close 40 more cases, at least ten of which will be referred to the New York State Attorney General for prosecution.

During the course of our investigation we have received the full cooperation of the National Police and of the National Council of Higher Education of the Dominican Republic. We, in turn, have given them our full cooperation. Indeed, we believe that some of the information we made available to them in April contributed to their decision to close two medical schools, CETEC and CIFAS, and to arrest officials of both schools including the chairman of the Board of CETEC.

In addition to our active investigations, we have made many efforts to share our information with other state and federal authorities that are pursuing investigations. The cases we have already alluded to that were referred to other state authorities and federal authorities clearly demonstrate this fact. But in addition:

On August 21 and 22 we, along with the United States Postal Inspection Service and the National Clearinghouse on Licensure Enforcement and Regulation, conducted a federal– state seminar on the investigations that was attended by 40 representatives of state and federal agencies.

Also, starting in August, we participated in the search for a government organization that could serve as a clearinghouse for the accumulation and sharing of all kinds of information relating to the criminal investigations and prosecutions. Very fortunately, the United States Postal Inspection agreed to undertake this vital clearinghouse role.

We have shared information and operated with the Inspector General of the U.S. Department of Health and Human Services and most recently attended a meeting he called in Washington, DC on November 1, 1984 to keep national and professional organizations such as the American Hospital Association and the American Medical Association aware of the developments and progress that could be made public.

Finally, we have discussed with the National Clearinghouse for Licensure Enforcement and Regulation and the American Hospital Association organizing one or more seminars on the issues raised by these investigations so that the problems and possible solutions could obtain the broadest possible dissimination.

The most significant fact developed in these investigations was the fact that, at least in the cases of CETEC and CIFAS, there had been an institutionalized plan of fraud and deceit that involved the actual, high level administration of the schools themselves.

The most insidious aspect of the de Mesones scheme was that the connivance of the medical school officials made it possible to create a student file on record at the school, for those who paid the price, that was identical, for the most part, with the student files of those who had actually attended the school. For $27,000 one obtained not only a medical degree, but an official transcipt of courses with grades, faculty letters of recommendation, clerkship evaluations—in short, everything that legitimate students could earn through their academic effort, the fraudulent students could purchase.

My greatest fear is that de Mesones was not unique; indeed, evidence is beginning to suggest that other organizations and indivuduals played a broker role similar to that of de Mesones. Investigation along these lines continues.

The public attention these investigations has prompted suggests to me that the system of professional licensure and regulation is one in which there is a high level of public confidence. If that were not true, there would not be such widespread dismay with these cases. However, the public confidence in the system cannot be expected to survive repeated shocks of this nature. It was for that reason that OPD and the State of New York gave these investigations and continues to give them a high priority. And it is in light of this concern that the following recommendations are proposed to the House Select Committee on Aging:

(1) The Committee should arange to obtain and study and review in depth the voluminous and detailed information that will result from the criminal investigations and prosecutions occurring all across the country. The analysis that result can be valuable to policy makers across the country who will be trying to improve their systems of licensure and practice oversight to make sure occurences such as these cannot recur.

Among the projects that could grow out of such an analysis would be:

(a) The development of uniform standards and procedures for checking credentials. Perhaps a uniform law could be developed and proposed to the states.

(b) A comparative study of who may practice medicine and what the exemptions, if any, there should be. This should also contain an analysis and assessment of the relative merits of the various systems.

(c) Further data for the evaluation of the quality of foreign schools; is there a role to be played by the voluntary accreditation system?

My prediction is that foreign medical schools will not resist an inquiry along these lines, but instead, will welcome it. They will be happy to have the guidance and in most cases will be eager to cooperate.

(2) The committee should assist the states in establishing and maintaining a mechanism for the collection and exchange of licensure information. Just as the National Clearinghouse on Licensure Enforcement and Regulation and the Federation of State Medical Boards have developed systems for the collection and exchange of disciplinary information, it is now apparent that similar information on licensure would be vaulable.

Mr. PEPPER. Well, thank you very much.

We will postpone questions until we have heard all the panel.

Next is Dr. Robert Katims. We will be pleased to hear from you, Doctor.

STATEMENT OF DR. ROBERT KATIMS

Dr. KATIMS. Mr. Chairman and members of the committee, my name is Robert Katims. I am a practicing physician in Miami and serve as chairman of the Foreign Medical Committee of the Florida Board of Medical Examiners. This is the licensing and disciplinary body for doctors of medicine in our State.

I appreciate the opportunity to appear today and to share with you our experiences and frustrations in Florida. While they do not deal directly with the fraud of which you have heard so much, my comments pertain to a more insidious perversion of professional and licensing standards.

As some of you may know, our State at one time required it own, perhaps unique, licensing examination. However, in recent years we have adopted the federation examination now common to all 50 States. Partly because of this, 30,000 doctors are now licensed in Florida. Of these, 20,000 are actively practicing in the State. Additionally, several special provisions were at one time made for Cuban refugee physicians. This included an examination in the Spanish language. These Cuban doctors were almost all graduates of the Medical School of the University of Havana, a respected institution whose curriculum paralleled that of U.S. schools.

I mention these data to refute the notion that Florida has been exclusionary or more restrictive than other States. Actually, the licensing provisions of our medical practice act were crafted before the advent of offshore medical schools and we could not contemplate the type of applicant now so common.

As you know, the curriculum in medical schools in the United States and Canada generally begins with a 2-year period of classroom and laboratory work covering the basic sciences such as anatomy, biochemistry, and micorbiology. Students then typically spend the next 2 years in the hospital wards and outpatient clinics. There they gets hands-on supervised instruction and experience in such disciplines as medicine, surgery, obstetrics, and pediatrics. These courses are called clinical clerkships and are under the guidance of the faculty especially selected for their interest and skill in teaching. I must also mention that most students admitted to U.S. schools have an undergraduate—bachelor's—degree.

In the past, applicants from foreign schools were graduates of the traditional, long-established institutions devoted to the education of the citizens of that nation. Over the past decade, however, a new type of school has emerged, largely in the Caribbean and in

Mexico. These schools serve primarily citizens and residents of the United States who were not accepted by American medical schools. These schools provide basic science instruction in the foreign country and then often permit the students to return to the United States for their clinical clerkships. Needless to say, this latter feature is attractive to many students. Sadly, it is the organization of this vital clinical training which is so distressing, if not alarming. Many applicants have testified before our committee that they are obliged to find their own hospital experiences and did not participate in formal programs directly supervised by their schools. Some of these experiences could better be termed preceptorships since they involved following a single practicing physician on his daily rounds. In other instances, the clerkships were held at community hospitals ordinarily devoted exclusively to patient care rather than to the combination of teaching and patient care, as observed in university and other teaching hospitals. These rather informal arrangements involved the schools' serving as a sort of agency for endorsing credentials and for granting diplomas. Many students will attend two or more schools, transferring for reasons of convenience in clerkship situations or apparently in response to recruitment efforts by other schools. This unstructured, if not chaotic situation has inevitably led to abuse and to the fraud of which you have heard. I, too, believe that we have yet to know the extent of this abuse.

I think it might be helpful to share with you some examples taken from our interviews with applicants for licensure in Florida.

In one instance a young woman accompanied her husband to the Dominican Republic where he planned to attend medical school after completing college work in Florida. She, too, was admitted to that same school despite the fact that she had concluded only high school and had no college credits whatsoever. She graduated at the same time as her husband. Since our law does not specify the need for undergraduate work, on advice of counsel, we were obliged to admit her to the licensing examination. I understand that she did not pass on her first attempt.

Another applicant received a degree from a school in Mexico even though he had not attended a single course at that school and was even given credit for courses which he had taken before the school came into existence.

A third applicant received a diploma from the fifth school in the fourth country in which he had registered. He was nominally a student in that final school for only 6 months. During those 6 months he was living in Miami and working as a paid employee in a nonphysician or student capacity.

My concern is not so much that the medical school experience of these and others was protracted or different from that of U.S. graduates but that they do not, in fact, constitute adequate education. I affirm to you our aim as a licensing body is the protection of the public and not the limitation of the number of doctors. However, I cannot help but recognize that this year enrollment in U.S. schools is said to be down a bit and that some schools contemplate a reduction in class size. We may be witness to what is essentially a Gresham's Law of medical education—that is, that bad schools may drive out the good.

I don't pretend to have the complete solution to these problems. We have, however, made a start. Beginning this month, by rule of our board, all applicants for licensure must present evidence that their U.S. clinical clerkships were done at hospitals accredited for teaching medical students or for training resident physicians. Further, our State board of independent colleges and universities will certify any offshore school and its clinical program which uses Florida hospitals.

Legislation is now being drafted which may authorize our board to evaluate medical schools themselves, perhaps through an agency such as the Federation of State Medical Boards.

In closing, Mr. Chairman and committee members, I will tell you that our goal is not to inhibit or persecute any class of applicant but to ensure that each doctor practicing in Florida gets his or her diploma the old fashioned way, by earning it. Thank you.

Mr. PEPPER. Thank you very much, Dr. Katims.

Dr. Galusha, we will be glad to hear you.

STATEMENT OF DR. BRYANT L. GALUSHA

Dr. GALUSHA. Mr. Chairman, gentlemen, I am Dr. Bryant Galusha, executive vice president of the Federation of State Medical Boards. The federation is the national organization of State licensing and disciplinary boards, and is made up of the medical boards of all the States, the District of Columbia, Puerto Rico, Guam, and the Virgin Islands.

The federation occupies a unique position of responsibility and has earned national recognition for its accomplishments. At the direction of its member boards, and on behalf of the people they serve, the federation has made and continues to make significant contributions to the effectiveness and integrity of the medical licensure and disciplinary systems, systems which are essential components of medical quality and physician accountability.

Of the federation's many contributions directed toward the public welfare, three merit mention today. First I would like to mention the federation's computerized disciplinary data bank. This sophisticated computerized data bank collects and stores all disciplinary actions taken against physicians resulting from formal charges by medical boards. This information is distributed monthly to all medical boards, the Canadian licensing authorities and to many governmental agencies, including the Department of Health and Human Services for its use in identifying unacceptable physicians participating in the Medicare and Medicaid Program.

The sole purpose of maintaining and constantly improving this physician disciplinary data bank is to provide medical boards and appropriate governmental agencies information on specific practitioners of medicine that is vital for the protection of the public welfare.

Second, and of particular importance now, is the federation's involvement in improving the medical licensure process. There are four general prerequisites required by State licensing boards for the granting of a license for the independent practice of medicine. The candidate for licensure must: one, possess acceptable personal attributes; two, have successfully completed the curriculum of a

medical school approved by the licensing board; three, have obtained a passing grade on a medical licensing examination; and four, successfully complete a specific period of training in an approved clinical training program after graduation from medical school.

Speaking to the licensure examination prerequisite, I proudly report to you that the federation has contributed most significantly by developing, along with the national board of medical examiners, the federation licensing examination, known as the FLEX, which is now used by all States and U.S. territories as their own State examination for medical licensure.

As important as passing a medical licensing examination is a medical licensing board's assurance that the applicant for licensure possesses acceptable personal attributes and has successfully completed the curriculum of an acceptable medical school. In dealing with graduates of American and Canadian medical schools, this presents no major difficulty. These schools are subjected to a comprehensive and reliable approval process by the Liaison Committee for Medical Education, which is an elite voluntary organization composed of educators and laypersons with impeccable credentials.

Additionally, the graduates of American/Canadian schools are continually evaluated throughout medical school by faculty members of high quality and integrity who can attest to the character of their students. However; the recent development of many new foreign medical schools has created a novel set of problems for State licensing boards. They often find it difficult, if not impossible, to obtain reliable information about the facilities, faculty, and educational programs of many of these schools.

Thus, in contrast to the high comfort level enjoyed by medical licensing boards in relation to applicants from United States and Canadian schools, the applicants from many foreign schools create concern since their diplomas do not guarantee that they have completed a satisfactory medical curriculum, nor can their reference letters from faculty members be interpreted as reliable testimony to their personal attributes. This situation has been compounded further by the present despicable problem of fraudulent medical credentials.

During the past year, the Federation of State Medical Boards has become increasingly aware of and concerned about the use of fraudulent credentials by individuals practicing medicine in various capacities. In response to this concern, a resolution was passed at the 1984 annual meeting of the federation of State Medical Boards establishing a special task force to study the problem of fraudulent credentials. The task force was charged with developing a proposal for identifying such credentials, protecting against their successful use, exposing their use, and cooperating with State and Federal law enforcement agencies in taking appropriate legal action.

The task force identified two major problem areas related to the use of fraudulent credentials. The first of these lies within the purview of licensing agencies and involves individuals who present fraudulent credentials when applying for licensure. The second involves individuals who are practicing medicine in medical training programs as interns and residents, especially in States which do

not require licensure or even limited permits to participate in training programs.

In attempting to deal with the problems which have been identified, the federation's task force on fraudulent credentials felt that several courses of action should be recommended to State licensing boards. These include refinement of licensure procedures and forms, expansion of the boards' authority as defined in their respective medical practice acts, and the initiation of an informational campaign designed to alert all concerned individuals and institutions of the problems related to the use of fraudulent credentials. The task force will present to the federation's board of directors, among others, the following recommendatiions:

One, each State board or agency responsible for licensing physicians should establish procedures and application forms which will maximize the opportunity to detect fraudulent medical credentials. Two, the Medical Practice Act in each State should be expanded to give the boards the authority necessary to deal with the issues related to fraudulent credentials for all physicians, including recent graduates in resident physician training programs practicing medicine under supervision as well as physicians who meet all the prerequisites for licensure and are applying for a license for the independent practice of medicine.

I must add that the Federation's Legislative and Legal Advisory Committee has worked long and hard in structuring a "Guide to Essentials of a Modern Medical Practice Act" which speaks to the identification of fraudulent credentials. This guide will soon be available to all medical licensing boards.

Three, every State medical board should distribute information concerning the use of fraudulent credentials to the medical schools in their licensing jurisdictions as well as all hospitals involved in medical education and training. Four, all hospitals and other health care facilities should be required to develop well-defined and objective criteria for the evaluation of educational and professional training credentials.

The problem of fraudulent credentials is indeed distressing. It is unthinkable that the faculty of a medical school, regardless of its location in the world community, would participate in the generation of fraudulent medical credentials. However, the unthinkable has happened. It is embarrassing and demeaning to the medical community of the world and now threatens the physical, mental and financial well-being of the American people.

Sizable amounts of time and money are now being spent because of this threat. Furthermore, graduates of many high quality foreign medical schools are being rigidly scrutinized and, often times, unavoidably delayed in the licensure process as a result of unscrupulous imposters. The existence of fraudulent credentials is frightening and frustrating to all who participate in the medical licensing process, for they are acutely aware of the potentially serious consequences resulting from licensing an individual on the basis of fraudulent credentials.

In moving recently from North Carolina to Texas, I have heard some new expressions. In North Carolina you could expect to hear these imposters possessing fraudulent credentials referred to as "deplorable deceptionists." After being in Texas only 6 months, I

would not be surprised to hear these individuals referred to as "despicable egg-suckin' varmints for whom there should be an open season with an unlimited bag limit since they are a societal menace and, in fact, a risk to other varmints." I know of few crimes that could be more devastating than that of obtaining an M.D. or D.O. degree fraudulently and exposing the public to the risk entailed in licensing such an individual.

We, the Federation, believe there should be specific statutes in every State making the effort to obtain licensure by or through fraudulent credentials in any health related field a felony offense. We are also identifying other statutes, such as those against false swearing; in criminal codes which might be used for felony prosecutions in such situations.

While I do not believe that Federal legislation is necessarily the answer for this problem, one thing is certain. There must be cooperation between State medical licensing boards and all Federal agencies which can contribute to the solution of this problem through law enforcement and other means. By that I mean close cooperation with the FBI, the Post Office, the Naturalization/Immigration Service, the Inspector General's Office of HHS, the Justice Department, and the remarkable resources available to each of these agencies. In fact, there is presently an ongoing cooperative effort between a number of medical licensing boards and the Federation with these governmental agencies.

After many discussions with medical licensing and disciplinary boards presently grappling with this problem throughout the country, I feel that medical licensing boards must act for themselves. However, in doing so they must have available the unique resources of our Federal Government, resources which I am confident will enable States to fulfill their public responsibilities. Thank you.

Mr. PEPPER. Thank you very much Dr. Galusha. This must be a very serious matter to you gentlemen who are officially related to the problem and charged with the responsibility to protect the public.

Let me ask you, Mr. Wood, have you been getting cooperation from the agencies that ought to be cooperating with you that you feel you have a right to expect?

Mr. WOOD. I have received coperation from every organization and every agency and every Federal agency that we have requested it from. It has been very generous, forthcoming cooperation. It has not been grudging. It has not been something they didn't want to do.

So I think one of the things we have to have, that is nationwide cooperation and sharing of information. I think you already have that going on in these investigations.

Mr. PEPPER. You haven't found any organization dragging its feet that you should be helping?

Mr. WOOD. Not at all.

Mr. PEPPER. Well, that's good.

Dr. Katims, how much of this abuse is going on in Florida, and in the second place, how can anybody—could I pass your medical examination and become a doctor in Florida never had having a day's medical training in my life?

Dr. KATIMS. Regrettably, Mr. Chairman, there have been two instances of individuals obtaining the credentials of dead physicians in foreign countries, presenting them with appropriate affidavits that they were in fact those persons. These people practiced in Florida for short periods of time before being discovered.

Those are the only two we know. On the other side, we were able to reject the only two of Mr. de Mesones' clients——

Mr. PEPPER. You have only had two instances of this kind of fraud in Florida?

Dr. KATIMS. Only two that are known, Mr. Chairman. We did reject two of Mr. de Mesones' clients upon interview prior to our knowing about his activities. Their responses and applications contained such substantive omissions and unusual aspects——

Mr. PEPPER. Did you include this man that was mentioned?

Dr. KATIMS. That particular man is licensed. Joseph McPike has been convicted in circuit court in Florida essentially for embezzlement and perhaps there were other Federal proceedings. I am a little reluctant to speak about him, with apologies, because no doubt, having been convicted of a crime, he will come before us with his license in jeopardy.

Mr. PEPPER. Have you any reason to suspect anybody connected with your organization accepting bribes to help people pass your State examination?

Dr. KATIMS. None whatsoever, Mr. Chairman. However, as you may know, the ECFMG examination which was given in Miami approximately a year ago was invaded and the test results were invalidated. I was told by a person close to that case that that examination sold for $50,000.

Mr. PEPPER. Nobody coming in from an institution abroad with credentials can become a doctor in the sense that we use that term, a doctor in Florida, without passing your State board examination; is that right?

Dr. KATIMS. He must past the FLEX examination or its equivalent, which is the national board examination. That latter examination is ordinarily restricted to graduates of United States and Canadian schools.

Mr. PEPPER. Restricted to what?

Dr. KATIMS. Graduates of United States and Canadian schools. They take that examination during and shortly after the medical school course.

Mr. PEPPER. So if you check up carefully on all the hospitals and all the people of the State, you can contact and find out about whether the people that are treating them have got the proper license from your board, then they will have to pass your examination?

Dr. KATIMS. Yes.

Mr. PEPPER. I will go back to the second part of my first question. Could any person that hasn't had real medical education pass your State board?

Dr. KATIMS. Well, our examination, of course, is identical to the one given in all States, and I must say that it is possible that examination also has been invaded, as you know. Test results or test questions were available in certain localities, not in Florida, for a number of the examinations.

Mr. PEPPER. I used to be a member of the Florida Board of Law Examiners, and we gave the examination for people who were seeking to be admitted to the bar in Florida and there were three of us at that time that I was on the board, members of the board, and we examined the questions and graded the questions personally, of course, of these applicants. And I had to give my questions, each of us proposed a certain number of questions to be a part of the bar examination.

I happen to be a lawyer myself, a graduate of a reputable law school, and I would have been ashamed of myself if I couldn't have posed a question that a student who has never studied law at all could answer as well as a student who has studied the law in a reputable institution. So it might be well for you on your board to examine your questions and to be sure that they are of such a technical nature that you will catch these frauds who are trying to come through without having had any medical school training so that they will not be parlayed off on the public as doctors when they are not.

Are you satisfied with the character of your State examination?

Dr. KATIMS. I think the examination itself is very good.

Mr. PEPPER. Who gets up those questions?

Dr. KATIMS. Those questions are composed under the direction of Dr. Galusha's organization. I believe they are done by the national board office. Is that correct?

Mr. PEPPER. You have a national board?

Dr. KATIMS. It is, in fact, a national examination.

Mr. PEPPER. So all the States give the same questions?

Dr. KATIMS. Yes, sir.

Mr. PEPPER. Are you satisfied, Dr. Galusha, that a man who has never been to a decent medical school can answer those questions and make a passing grade on them?

Dr. GALUSHA. Mr. Chairman, some of the finest physicians and educators and academicians and practitioners of this land make up that examination. It is a test for validity and reliability. It is a superb examination, but no examination regardless of how good it is can substitute for an acceptable undergraduate medical education experience is acceptable. Yes, sir, it screens out the vast majority, but there will always be those who get through the net regardless of how good and how complete an examination is. Although there are a few.

Mr. PEPPER. You mean there would always be a few geniuses who pass the examination without having been to medical school?

Dr. GALUSHA. Well, yes, sir, I hate to admit that there are a few geniuses that probably could pass anything. Some of these people are clever.

Mr. PEPPER. Well, I don't care how bright he is I challenge someone to take the examinations at Harvard Law School and pass who has never been to a law school.

Dr. GALUSHA. I won't accept that challenge, sir.

Mr. PEPPER. I don't believe they can do it. There are a number of aspects, gentlemen. One is to tighten up your examination to try to make it not unfair to students who are bonafide graduates of a bonafide medical school, but to be sure that there is not a fraud perpe-

trated upon the public. Because surely a medical school must teach you something that is distinct from a layman, what he gets.

The second thing is you are checking with all the hospitals and the doctors and all to see to it if there are any in their knowledge that might be in this fraudulent group. The doctors ought to be the main police force for you gentleman. They certainly are opposed to having—look at that poor lady there who was very seriously affected by her husband being almost killed by an incompetent person.

What if I tried to give anybody anesthesia, I don't know anything about anesthesia, and I resulted in that person's death or brain damage that ruined that person's life; that is terrible. That is murder in another way, and the doctors should be constantly on the lookout.

The doctors are vitally concerned if there is any real substantial reason to question anybody; especially if they don't come from a reputable domestic school, then they can pass it on to your boards and let you make proper inquiry. If it is the truth about all these people that are carrying on these fraudulent operations, there must be a lot of these folks.

Mr. Wood said they tried to find a few and they found 600. So they must be around somewhere. They are in the workplace somewhere, if we can ferret them out.

Do you favor Federal legislation in this area to supplement State legislation?

Dr. GALUSHA. I think that is going to be the collective wisdom of individuals such as yourselves and we depend on you. Certainly we need the resources of many Federal agencies and, as Mr. Wood said, we as the federation have had the total cooperation of the Federal Government.

Mr. Chairman, I heard everything you said. I want to make one statement. Those of us in the profession of medicine still think it is an extraordinarily fine and noble profession, and we are as distressed as you are, and we are going to work as hard as we can to get these rotten apples out of the profession.

Mr. PEPPER. Well, now if you are not getting cooperation from the Federal Government, we as Members of Congress would like to know about it and see if we can't do something to help you get more and better cooperation.

Is the Department of Justice cooperating with you all?

Dr. GALUSHA. All of our Federal agencies have been exemplary in their cooperation with the federation, sir.

Mr. PEPPER. Well, this is just an offhand opinion, but I would think essentially dealing with something that deals from offshore, coming to our country from offshore, it might give the Federal Government jurisdiction to act in this field to protect our people against the importation of fraudulent certificates and that sort of thing into our country.

We would have to check up on that, but this is a terrible thing and I think all of us are amazed that the volume of it seems to be as great as it is.

Well, thank you all very much. But I would sure check up on those examinations. I might go down and take one of your examinations and set up my practice by Dr. Pepper.

Thank you.

Mr. WYDEN. Gentlemen, all three of you made it clear that you don't like "varmints" or "rotten apples" or all the rest and substantively you have said that the system works pretty well and that we are doing all we can. I disagree with you. I think we have got a mess on our hands. If the system was working that well, we wouldn't have Mr. de Mesones here today. It is my view there are a lot of brokers and phony doctors out there right now. Do you agree with that, Dr. Galusha?

Dr. GALUSHA. First off, I am sorry I gave the impression that I thought the system was working well. I don't think it is working well, Mr. Wyden, but it is working better, and we want to keep making it better and better. No, I am not at all satisfied with this despicable situation we have now, but we are alert to it and we are working terribly hard on this, and I am sorry you got that impression. I am not at all happy with the present state.

I am happy with the attention and progress that is being made, and I am tickled to death and thankful to you, Chairman Pepper, and your committee for this hearing today.

Mr. WYDEN. Do you think there are a lot more brokers and phony doctors out there?

Dr. GALUSHA. Oh, unequivocally. We know that.

Mr. WYDEN. How many, take a guess?

Dr. GALUSHA. This would be a hip shot, I would wildly guess that there are possibly 25 to 200 sophisticated individuals who have the capability of peddling fraudulent credentials. Remember, it was brought out today these were not fraudulent; these were real honest-to-goodness, true life diplomas from medical schools.

Mr. WYDEN. But the fact of the matter is, as Mr. de Mesones said when I asked him, he could go out and get the Senator a phony medical degree for $10,000. That is the bottom line. I just think this is an extraordinarily serious problem. While you talk about how there is this great cooperation and wonderful relations between everybody, it is my understanding the Public Health Service had promised you a grant so that we could do more with respect to this disciplinary action and at the last moment, they pulled it out.

Dr. GALUSHA. No, they didn't pull it out. I am glad you brought that up; maybe it will help me a little bit. We dipped heavily in our financial resources developing this disciplinary data bank, and much of what was set in motion was to help the Federal Government. We are still encouraged that we will get the grant. We are expecting it in the near future. As a matter of fact, if we do not get it, I am in hot water, and I think we would be done a disservice if the grant was not awarded to the federation.

I think we will get Federal help from the Division of Medicine and the Bureau of Health Professions, and I think that is forthcoming, but it is bogged down at the present time.

Mr. WYDEN. It is more than bogged down. You didn't get it when you were told you were going to get it. That doesn't strike me as a great example of cooperation and harmony between the States and the Federal Government.

The other question I had for you is, are there physicians in this country acting as house physicians or working in State medical hospitals who do not even need to hold State license?

Dr. GALUSHA. Yes, that is true. And that is one of the problems. As I brought out, one of the recommendations of our ad hoc committee on fraudulent credentials is that all physicians, whether practicing medicine under supervision in training programs or independently in State institutions, should have credentials equivalent to those that are requisite for licensure. We strongly urge every State to have that in their medical practice act or rules and regulations.

Mr. WYDEN. I think that is essential because that gets right to the heart of the problem. Right now, we have house physicians, and physicians working in State mental hospitals who don't even need to hold a State license, and that strikes me as just fundamental.

You are on the front lines. You have got to do the lion's share of the job, and I think we have got a long, long way to go on this situation. I think the Federal Government can help you in areas. Certainly when you are told you are going to receive assistance from Federal agencies, you should get it.

But I hope you know that I think we have got a long, long way to go to deal with this problem.

Dr. GALUSHA. Thank you.

Mr. PEPPER. Thank you very much.

Mr. DeWine?

Mr. DEWINE. Thank you, Mr. Chairman.

Gentlemen, if you can't screen out all the bad apples by the test, and I think you all agreed that you can't do it, you can get rid of a lot of them, maybe most of them, but there is always going to be somebody who is going to get through. Based upon your testimony, aren't you going to have to do a better job in checking out these offshore medical schools? What is the alternative?

We heard about one medical school where testimony was it looked like 25 percent of the graduating class had something to do with the convict that we heard testify earlier today. How can you avoid—I know it is expensive, I know there is a problem, and you don't want to do it, but how can you avoid, particularly as several doctors have indicated that to be a good physician, to be a good doctor is certainly more than able to pass a test. You can't substitute a test for what you learn in medical school, just like I assume is the same way with law school.

Aren't you going to have to do a better job checking these schools out? If the answer is no, how in the world do you avoid it?

Mr. WOOD. I think what you have got to understand is that there are four barriers to licensure in most States. One is an appropriate professional or medical education. You have to have that.

A second barrier is appropriate experience in the field, intern or residency.

A third barrier is suitable character.

And the fourth barrier is objective testing. So that is your four-step route to licensure.

A large part of the problem of phony doctors rose out of the fact that in many States there are broad exemptions that permit people who have not yet been licensed as physicians to practice under certain circumstances. Residents in hospitals who are not licensed physicians but under the supervision of physicians are permitted to

practice, and you know how important a role they play in any hospital.

Now, there were safeguards set up to preclude residents from getting into programs unless they had passed the ECFMG exam and had a valid medical degree, and in many instances, the safeguard there broke down. For example, in New York, foreign medical graduates can't even apply for licensure until they have completed 3 years of post graduate training. So the licensure barrier probably works reasonably well. We just need more careful scrutiny for the exemptions that permit people to practice before being licensed.

Dr. GALUSHA. Our federation realizes that medical licensing boards need facts to make licensure decisions, and until now this has been next to impossible. As I said in my testimony, the federation is making an effort to get proper facts from many of the foreign schools for licensing boards. The federation now has appointed a commission on foreign medical education, and it has letters of agreement from 42 States to gather data and validate that data for States medical licensing boards.

We hope by this coming summer that we will be able to get that information, validate it and give it back to the States. Then they will have something substantive to make licensure decisions. Nothing takes the place of having knowledge regarding the undergraduate medical education when making licensure decisions. There is no way to exclude that and have a good licensure system.

Mr. DEWINE. Thank you. Thank you, Mr. Chairman.

Mr. PEPPER. Thank you very much. Mr. Wyden.

Mr. WYDEN. Thank you, Mr. Chairman. I just wanted to ask one other question of you, Dr. Galusha, to followup on something earlier.

You said that in your view there were 25 to 200 other brokers out there now selling these degrees. My question to you is, What are we doing about it right now to put those people on the sidelines for good?

Dr. GALUSHA. I prefaced by saying I didn't know, recall, you wanted a hip shot and I gave you one.

I can't do anything about these peddlers of false credentials. The only thing I can do is tighten the circle and make it unproductive for them.

Mr. WYDEN. There is a lot you can do because you can get the word out to the States.

Dr. GALUSHA. We are doing that.

Mr. WYDEN. There is a great deal you can do to make sure the States know who is a phony or not.

Dr. GALUSHA. When we know they are phony, we disseminated the information. I thought that was a given. We absolutely are trying to put out all the information as rapidly as we can to all medical licensing boards and they in turn are collectively providing us with pertinent disciplinary information for dissemination to the boards.

Mr. WYDEN. For these individuals, these 25 to 200, when you got information do you hand it over to the States and the law enforcement agencies as quickly as possible?

Dr. GALUSHA. Let me reiterate again, that 25 to 200 was a hip shot, a guesstimate of the first order. Please don't think that is fixed in cement.

I don't have anything to document that, but that would be my guess.

Dr. KATIMS. I would like to say something about some of the constraints licensing boards labor under.

In our particular jurisdiction, we must give at least some attention to graduates of any school listed by the World Health Organization. As you know, that is merely a list, not a certifing document. The nation lists the institution as a medical school; it gets put in the book. There is no quality control whatsoever.

If in fact we did have the authority to decertify medical schools, if that is the proper term, as I understand they have in California, I think it would be a lot easier. I would love to have our legislature do that.

Perhaps some of the work that Dr. Galusha and his body are doing are eventually coming to that. But even graduates of CETEC today under Florida law are eligible for license.

Mr. WYDEN. What about requiring the schools to pay for their own accreditation if they want to be part of American programs? Do you think that is a good idea?

Dr. KATIMS. I think that is an excellent idea.

Mr. WYDEN. Thank you, Mr. Chairman.

Mr. PEPPER. Dr. Katims, do you need additional legislation from the State of Florida about this matter?

Dr. KATIMS. We hope they grant to the board the authority to decertify or certify schools, or to delegate that to another authority.

We also hope that the penalties for fraudulent acts will be increased.

Mr. PEPPER. Do you think the law is adequate as it is now written in Florida?

Dr. KATIMS. Regrettably not.

Mr. PEPPER. In that case, I would be glad to join you in making a recommendation to the Florida legislature for additional legislation.

Dr. KATIMS. That would bring joy to the hearts of the practicing physicians in Florida.

Mr. PEPPER. The next thing is you realize that located as we are adjacent to other parts of the world and so many people have come into Florida, I would think that we would be particularly vulnerable to this kind of abuse, so I would hope that you would be as vigilant as you possibly can, you and all other agencies who have a duty to work with you in trying to check.

There must be more than two or three to which you referred to a moment ago in Florida that are in violation of our laws, so I hope you will exercise the utmost vigilance to see that if you can't be assured that these abuses are not being perpetrated in our State.

Dr. KATIMS. We hope to join with you in strengthening our legislation, Mr. Chairman.

Mr. PEPPER. If you gentlemen feel that there is any agency, Federal or State, which should be cooperating with you more effectively than it is now and you would notify us about it, we will gladly

do whatever we can to help you get the cooperation of that agency that you should have.

Thank you very much.

We have one concluding panel. If you will come to the table as I call your names, please. Mr. Charles P. Nelson, Assistant Chief Inspector, Criminal Investigations, U.S. Postal Inspection Service; Dr. Murray Grant, Chief Medical Officer, accompanied by Mr. Stuart Schwartz, General Accounting Office; Mr. Larry Morey, Assistant Inspector General for Investigations, Office of the Inspector General, Department of Health and Human Services; Ms. Victoria Toensing, Deputy Assistant Attorney General, Fraud Section, Criminal Division, Department of Justice; and Brig. Gen. Thomas Geer, Director of Professional Services, Office of the Surgeon General, U.S. Army.

Ladies and gentlemen, may I say to you that as usually happens, we are running quite late. If it would be agreeable to each of you, if you have a written statement, if you could file your written statement and then give a summary of your statement, it would permit the questioning to follow and save some time.

Ms. TOENSING. Mr. Chairman, could I beg your indulgence? Dr. Grant and I both have commitments. If it would be possible for us to give our short statement first, would that interfere with the chairman's plans?

Mr. PEPPER. If any of you have a priority, if you will let us know, we will be glad to take you as priority also.

First, Ms. Toensing. We are grateful to you for being with us.

Would you like to put your statement in the record?

Ms. TOENSING. It is done, Mr. Chairman.

Mr. PEPPER. Without objection, it will be received.

PANEL 3—THE FEDERAL RESPONSE: CONSISTING OF VICTORIA TOENSING, DEPUTY ASSISTANT ATTORNEY GENERAL, CRIMINAL DIVISION, DEPARTMENT OF JUSTICE; CHARLES P. NELSON, ASSISTANT CHIEF INSPECTOR, CRIMINAL INVESTIGATIONS, U.S. POSTAL INSPECTION SERVICE; DR. MURRAY GRANT, CHIEF MEDICAL OFFICER, ACCOMPANIED BY STEPHEN SCHWARTZ, GENERAL ACCOUNTING OFFICE; LARRY MOREY, ASSISTANT INSPECTOR GENERAL FOR INVESTIGATIONS, OFFICE OF THE INSPECTOR GENERAL, DEPARTMENT OF HEALTH AND HUMAN SERVICES; AND BRIG. GEN. THOMAS GEER, DIRECTOR OF PROFESSIONAL SERVICES, OFFICE OF THE SURGEON GENERAL, U.S. ARMY

STATEMENT OF VICTORIA TOENSING

Ms. TOENSING. Thank you for asking me to testify for the Department of Justice about the cruel crime of fraudulent obtaining of foreign medical degrees. Although this hoax can subject us all to inferior medical care, we appreciate your interest in how it particularly affects senior citizens.

You wanted me to discuss some of the Federal prosecutions in this area. Let me first say that this is a very difficult area for Federal control since traditionally it has been regulated by the states and by private medical——

Mr. PEPPER. May I interrupt you just 1 minute? Is there a Federal law on this subject now?

Ms. TOENSING. We do not have a specific Federal law that says it is a crime to have a fraudulent medical credential or degree. However, our mail fraud statute works wonderfully. The problem is finding the culprit. We have laws that cover the facts.

Mr. PEPPER. All right. Thank you. Go right ahead.

Ms. TOENSING. You asked that I touch a bit on the de Mesones situation and you have heard many of the facts of that case this morning. I want to add that de Mesones pleaded guilty to mail fraud and conspiracy.

We had the appropriate statute to convict him and he was sentenced to 3 years. Unfortunately, although he received approximately $1.5 million over the 2-year period that he ran that service, most of which he kept, no fine was imposed on de Mesones.

His plea agreement required him to cooperate. So luckily de Mesones had excellent records and we have a list of 150 of his clients.

From that list, there has been one conviction and a number of investigations. The conviction was of a Thomas Firmin. I don't know if you are familiar with the case, but he had Mr. de Mesones hurry him through his 72 weeks of clinical rotation. De Mesones obtained fraudulent credentials that alleged that this Firmin had actually performed those 72 weeks of clinical rotation when in fact he had not completed that time.

Firmin then took this exam discussed earlier which is given by the Educational Committee for Foreign Medical Graduates [ECFMG] and passed it. He served two different residencies. When he applied for the Pennsylvania license to practice medicine, he was caught but only because the Pennsylvania authorities had been alerted of Firmin's name, which had appeared on de Mesones' list when we seized documents from his apartment.

So here we see the crux of the problem. Most States rely on hospitals to certify their residents. Hospitals accept this exam—the ECFMG exam—as proof of successful academic and clinical rotation. They do not look behind the documents and even if they did, it could be a problem since the postal inspectors asked ECFMG to request verification of the undercover agent's credentials at the CETEC University. They received a bona fide documented list of credentials and another glowing letter of recommendation from the school.

So when it comes time to decide whether to provide a license from the State, most States look at these previous records and accept them at face value.

You wanted me to touch on the Abraham Asante case where he falsely stated he had a medical degree and a state license when he had neither. You heard the statement of his victim's wife. I will say that the case was successfully prosecuted. There is an appeal pending so I can't go any further to the fact, Mr. Chairman. However, on the administrative side, I am told that now the Army is looking behind the documents to verify whether they are bona fide or not. I am not certain of that and I am sure you will want to ask the gentleman who is here today on this panel.

As I said before, Federal jurisdiction, as far as control of the people is very limited. We have some control through HHS and

Medicaid and you will hear from that representative on this panel. We have some controls through the military, of course. We do have a Federal criminal law that works for us.

The problem is finding the culprit. It is like finding that needle in a haystack. It is hard to find the bad guy. Once we find him, we have the laws to get him.

Presently the Department of Justice is working with HHS, EMA, and other organizations to help identify and plug up some of these loopholes, so we are working in a manner with the rest of the agencies. Our problem is finding the bad guy.

[The prepared statement of Ms. Toensing follows:]

PREPARED STATEMENT OF VICTORIA TOENSING, DEPUTY ASSISTANT ATTORNEY GENERAL, CRIMINAL DIVISION, U.S. DEPARTMENT OF JUSTICE

Mr. Chairman and Members of the Subcommittee:

I would like to thank the Committee for asking me to testify concerning the problems of U.S. citizens obtaining fraudulent foreign medical degrees. We find this to be a particularly difficult area for federal control since traditionally it has been regulated by the states and private organizations. I will review a few prosecutions that have taken place and then answer your questions about problems we have observed.

PEDRO DE MESONES

The story of Pedro de Mesones and his Virginia-based Medical Education Placement, Inc. is well known by now. Complaints from two independent sources indicated that medical degrees could be bought through de Mesones. Based on this information, Postal Inspectors arranged for a Veterans Administration nurse to meet with de Mesones in September, 1982. On December 18, 1982, after paying de Mesones $19,000 but never attending any courses, the undercover agent "graduated" from La Esquela de Medicina del Universidad Centro de Estudios Tecnologicos [CETEC] in Santo Domindgo, Dominican Republic. She received a Doctor of Medicine degree, an academic transcript showing four years of attendance and a letter of reference from the Dean of CETEC Medical School, all duly certified by an agency of the Dominican Government. De Mesones, who pleaded guilty to mail fraud charges and conspiracy, is serving a 3 year prison sentence at Allenwood Federal Prison Camp. No fine was imposed. Part of his plea agreement calls for him to cooperate in future prosecutions.

De Mesones assisted approximately 160 people obtain fraudulent medical degrees from CETEC and from the La Esquela de Medicina del Universidad Centro de Investigation, Formacion y Assistencia Social [CIFAS], also in Santo Domingo. Thirteen of those people are licensed to practice in this country. About forty others are residents or interns in a variety of hospitals. The others have not yet passed the required standardized exams.

For his services de Mesones was paid about $1.5 million over the two year period he ran the placement service. Luckily, de Mesones kept good records. Seized from his office were over 10,000 documents which yielded a list of over 150 clients. Subsequently, an alert was sent to all state licensing authorities. Pennsylvania responded the most quickly and that has resulted in two cases—one conviction and the second awaiting trial.

In the first case, a "client" of de Mesones, Thomas M. Firmin, pleaded guilty to two counts of mail fraud in Harrisburg, Pennsylvania (where the license application was mailed) and, in October of this year, was sentenced to two months in prison. Mr. Firmin was a New Jersey pharmacist who started medical school at the Universidad Del Noreste in Tampico, Mexico in January, 1979. After completing 2 years of basic sciences, he began looking in the New Jersey area for hospitals to do the required clinical rotation (internship). Eventually, Firmin made contact with de Mesones. Failing to find such a hospital, de Mesones told Firmin to provide him with a forged letter from a hospital certifying the 72 weeks of clinical rotation. Firmin complied. With this letter and his transcript from Del Noreste, Firmin became a "graduate" of the four year program at CETEC. He then actually took and passed

the Educational Commission for Foreign Medical Graduates (ECFMG)[1] standardized examination, served a one year residency in a New Jersey hospital in pediatrics and a second year in another New Jersey hospital in anesthesiology. He applied for and received a Pennsylvania license, but had not yet started his practice when indicted.

New Jersey, the state where Firmin was doing his residency, like most states, does not require a temporary license or certificate, but relies on each hospital to verify its applicants credentials. Since most hospitals accept the ECFMG exam certificate as evidence of successful academic and clinical rotation qualification, once the certificate is obtained no further checks are made. The ECFMG verification process is normally one of simply examining the documents provided by the exam applicant. However, de Mesones' scheme included actually inserting phony student records into the school's records. During the original de Mesones investigation, Postal Inspectors asked ECFMG to seek verification of the undercover nurse's credentials from CETEC. They received certified copies of her credentials and another glowing letter of recommendation.

The second case involves another de Mesones client, Brian Murach, currently under indictment in Harrisburg and scheduled for trial this month. The indictment alleges that Mr. Murach presented in his license application a phony medical degree and transcripts from CETEC based on phony medical school transcripts from yet another Mexican school, the Valle de Bravo.

Another fraud scheme arises through a person's desire to speed through the clinical rotation process. This is accomplished through a cooperating hospital administrator. One was convincted on state embezzlement charges. He was paid for certifying that thirteen of de Mesones' clients had served the required 72 weeks clinical rotation. Since this administrator kept the money ostensibly paid to the hospital, he was charged with embezzlement. The Federal investigation is not concluded, so I can say no more about it.

The Dominican government was very cooperative as these facts came to light. CETEC, CIFAS and two other medical schools were closed and 15 people arrested. Records of 2,000 suspect "graduates" were brought to the United States by Dominican officials and turned over to state licensing authorities in 15 states; most of whom are in New York, California, Texas and Florida. According to an article in the March 4, 1984 New York Times, in California and New York alone, reviews of credentials have caused investigations of several thousand unlicensed doctors. Dozens have been dismissed from hospitals.

As the result of the de Mesones record seizure, Federal prosecutors are currently focusing on about 15 individuals. We have also executed a search warrant on another New York medical placement service which has opened up new leads for investigations.

ABRAHAM ASANTE

The Abraham Asante case also involves a misrepresentation of medical credentials. Asante falsely stated he had a medical degree and state license when he had neither. At Fort Dix, New Jersey, he was the attending anesthesiologist during a relatively simple operation. The patient was overanesthesized, causing the heart to stop. He is currently 98 percent brain dead. Although Asante had participated in 83 routine operations before this one, he was unable to operate the machines properly when complications developed.

Mr. Asante was convicted of a False Statement on his application to be civilian doctor for the Army, recklessly causing injury to another under the Assimilated Crimes Act, and unlawfully prescribing and dispensing narcotics. The process for the Army to hire civilian physicians starts with an application being mailed to a central registry in San Antonio, Texas. Asante stated in his application that he had a medical degree from Czechoslovakia and that he was licensed in Indiana and Connecticut. The application was noted as approved at the GS-12 level, pending credential examination and verification. It was forwarded to Fort Dix where contrary to regulations, he was put to work pending the verification of his credentials. His conviction is currently on appeal.

You requested that we provide you with our views on law enforcement and policy problems that were brought to light and our views on measures that could be taken

[1] Certification by ECFMG clears the way for a foreign medical graduate to enter an accredited post-graduate training program (residing) in a U.S. hospital. It is a Philadelphia-based organization established to test the medical knowledge and review the academic credentials of graduates of foreign medical schools.

to prevent future problems. At the outset let me state that the process that resulted in Mr. Asante practicing medicine for the military was a quirk. The military process is set up to require verification and it normally takes place. The commanding officer of the hospital was removed and other responsible people were punished administratively.

The whole area of qualification and licensing of physicians is regulated and controlled by the states. The Federal government has a limited ability through the Medicaid reimbursement programs to require that the states have adequate controls to receive Federal monies. Far too many states leave the responsibility for tracking a doctor's progress from medical school to hospital training program to a fully licensed practice divided among half a dozen state agencies, with none having overall authority. State medical boards are generally run by doctors who simply do not believe anyone would or could falsify their education and background and did not establish procedures to verify such items in the application process. Similarly, since each hospital is responsible for verifying a doctor's credentials when he or she begins intership or residency, the quality of that process varies greatly. According to a special committee appointed by Governor Cuomo to look into this overall problem, at any given time there are 6,500 unlicensed doctors practicing in New York hospitals alone.

The Department of Justice and the Department of Health and Human Services have met and continue to meet with representatives of the American Medical Association, the ECFMG, the Federation of State Medical Boards and several other such organizations. Steps are being taken to identify and plug loopholes. The ECFMG is reexamining and recertifying all graudates of CETEC, CIFAS and one other school. The Federation of State Medical Boards are preparing more strict, model guidelines for each state licensing procedure. In the wake of the simultaneous revelation of wide-spread cheating on the exam itself, they have improved their security and testing procedures. The pass rate, which had been a fairly consistent 25 percent, dropped to 15 percent after new procedures were instituted. The basic problem is that all of the states use self-certification. We may, as mentioned earlier, be able to create more strict requirements through the Medicaid state plan approval process. But any additional Federal incursion into a traditional area of state responsibility is not likely.

We will be happy to respond to your questions.

Mr. PEPPER. Thank you, Madam Deputy Assistant Attorney General. We appreciate your statement. Would you care to ask any questions?

Mr. WYDEN. Just one.

Is it a Federal crime to do what Mr. de Mesones was doing?

Ms. TOENSING. It is a mail fraud statute or wire fraud statute, depending on how he carries it out. It is a fraud, and we prosecute based on whichever method he uses to carry out the fraud.

Mr. WYDEN. You don't think we need any other existing Federal statutes to be able to prosecute the brokers and phony doctors?

Ms. TOENSING. I have talked to my experts in the fraud section and they feel secure with the law. When we have problems with fraud laws, it is usually that there is a set of facts that falls through the cracks in the fraud statutes, but that isn't the case here. This is a blatant fraud.

Mr. WYDEN. Do we have the existing Federal statutes that we need to be able to prosecute Mr. de Mesones clients?

Ms. TOENSING. Again, they are guilty of fraud. The problem is finding them.

Mr. WYDEN. My understanding is that mail fraud doesn't cover everything that Mr. de Mesones clients might have been involved with.

Ms. TOENSING. If you could give me a factual situation, I will talk to my top expert here.

Mr. WYDEN. I know you are in a hurry and we may want to cover it some more at a later time.

Ms. TOENSING. We have offered our services. We are very interested in this area, and will do anything you want to help you out.

Mr. PEPPER. If somebody were to be very careful and very shrewd to try to avoid Federal prosecution by trying to avoid the use of the mails, might they not possibly escape from liability?

Would it not be also desirable to make it a Federal offense to import into the United States any false certificate or credential tending to show a certain individual is licensed to do such-and-such a thing?

Ms. TOENSING. I would like to answer that in two ways, Mr. Chairman. First, I would like to say that I will talk to some of the attorneys who have done these cases, and ask them if they would have had a better situation if they had an importing statute. But I must say that usually these people have to use either the mails or the telephone or some wire situation so that we can either get them by mail fraud or wire fraud.

It is very hard to carry out a crime like this without using one or the other.

Mr. WYDEN. If the chairman would yield, I have thought of a hypothetical situation. Suppose one of Mr. de Mesones' clients is practicing in a Medicare-certified facility, and you find out about them, and you want to go after them in that kind of instance.

They haven't used the mails, it is not a question of importation or something, how do we prosecute him?

Ms. TOENSING. How did this person get into this Medicare facility? Is he or she a doctor?

Mr. WYDEN. No. That is the point.

Ms. TOENSING. He or she used false credentials and so has committed a fraud.

Mr. WYDEN. All the way back to when they got their degree, so really when they got their degree is how you go after them, and it doesn't matter what they do after that?

Ms. TOENSING. Well, they are still committing a fraud. If they present something based on this fraudulent document, they are still perpetuating the scheme.

The scheme is still being carried out because they are still trying to use this, even though it was fraudulently obtained years ago.

Mr. WYDEN. I have to believe that frauders and charlatans figure out some way to get around the mails, maybe they are going to start doing it after this hearing, and we may want to talk about other situations.

You have been an excellent witness.

Mr. PEPPER. Thank you very much.

Next will be Mr. Charles P. Nelson. We want to commend the U.S. Postal Service for the magnificent job you have done in this field.

STATEMEN OF CHARLES P. NELSON

Mr. NELSON. Thank you, Mr. Chairman.

As you asked, I will summarize my testimony which has been submitted for the record. We appreciate the opportunity to appear before your subcommittee once again to discuss our efforts to combat the unlawful use of the mails in the area of health care.

As you know, representatives of the Inspection Service have appeared before you in the past concerning mail order sales of misrepresented medical products and services. At these hearings we related the seriousness of the problem and some of the investigative obstacles we encountered in attempting to halt this kind of abuse. The end result of those hearings was a recognition by you and your colleagues that our ability to thwart unscrupulous mail order promoters who prey upon sick, and often elderly, Americans were hampered by not having a fully effective enforcement tool at our disposal.

It became clear during the sessions that our main weapon in these cases, the false representation statute, title 39, United States Code, section 3005, needed strengthening. Through your diligence and concern, legislation to remedy the loopholes in this law was introduced before Congress and was favorably acted upon just a little over 1 year ago.

I am pleased to report to you today that the strengthened postal false representation statute is in full use by postal inspectors across the country, and we have been very pleased with the results we are achieving.

While there is certainly good news to report on that front, our investigative efforts in another health care area have disclosed a situation which may be worthy of your attention. Unlike our investigation of the mail order sale of misrepresented merchandise where we primarily use a civil remedy—title 39, United State Code, section 3005—this situation required the application of the mail fraud statute -title 18, United State Code, section 1341—due to its criminal nature.

In March of 1982, postal inspectors became suspicious of the activities of an Alexandria, VA, resident, Pedro de Mesones, doing business as Medical Education Placement, Inc. Our interest in Mr. de Mesones arose from information supplied by a confidential source. Acting on this knowledge, we sought the assistance of a registered nurse who I will call "Odette Bouchard." She agreed to cooperate with us in this investigation. Information developed by Ms. Bouchard indicated that Mr. de Mesones could furnish, for a price, medical degrees from CETEC University in the Dominican Republic to individuals who were not qualified to graduate from this school.

CETEC University was a World Health Organization listed medical school whose graduates were recognized for licensure in this country. In addition to furnishing the actual diplomas, de Mesones also provided, for a price, transcripts and official letters of recommendation from CETEC indicating successful completion of course work never actually undertaken. These transcripts are the required supporting credentials for an individual wishing to take the necessary examinations for licensure in the United States. De Mesones worked with many of his "clients" and at least one U.S. hospital official to formulate fictitious clinical evaluations from hospitals. These evaluations were a requirement for graduation.

Under our direction, beginning in early September 1982, Ms. Bouchard agreed to become one of de Mesones' "clients." She then carefully followed his instructions on how to acquire these medical credentials and made the appropriate payments to him. She was

advised by de Mesones that she would be in the December 1982 CETEC graduating class and that it would be necessary for her to visit the Dominican Republic to obtain her degree.

On December 16, she traveled to the Dominican Republic and, as promised, she was awarded her doctor of medicine degree by CETEC on December 18. Keep in mind that Ms. Bouchard's professional background is that of a nurse/practitioner. Also keep in mind that the first and only time she ever visited CETEC was to receive her M.D. degree. Further, on file at CETEC were transcripts and other official documents showing Ms. Bouchard had completed course work and passed basic science examinations. We know these records to be false in their entirety. Nevertheless, within 3 months from meeting de Mesones, she became Dr. Odette Bouchard. Mr. de Mesones' fee for making all this possible was $19,200. Armed with these credentials, "Dr. Bouchard" could now go on to residency positions in hospitals and State licensure.

Subsequently, in August of 1983, an undercover postal inspector posing as a college science instructor made contact with de Mesones. He was told a similar story to the Bouchard episode and that his degree could be obtained in a matter of months for approximately $20,000. In this instance, the degree was to be awarded from CIFAS University, also in the Dominican Republic.

Based on information developed in the undercover operations, as well as evidence gathered through other means, inspectors acquired probable cause to obtain a warrant to search Mr. de Mesones' residence, where it was believed that further evidence of his activities would be located. On August 29, 1983, a search warrant was executed at de Mesones' residence in Alexandria. As anticipated, the search produced records which revealed the scope of his scheme. After a lengthy review and analysis of these records, we identified 165 individuals who did business with Mr. de Mesones. Of this group, 98 obtained M.D. degrees from CETEC and two obtained M.D. degrees from CIFAS under Mr. de Mesones' auspices. Even more significantly, 44 of these "graduates" have passed the examinations needed to enter residency programs in this country.

Perhaps most disturbing, however, is the fact that to date, at least five of Mr. de Mesones' clients obtained unrestricted licenses to practice medicine in one or more States.

The U.S. attorney in Alexandria authorized the prosecution of Mr. de Mesones. Because the mails were frequently used to further this scheme, that is, mailings of correspondence, documents, money, et cetera, in connection with obtaining the degrees, the violation to be charged was mail fraud—title 18, United States Code, section 1341. He was also to be charged with conspiracy—title 18, United States Code, section 371—since he acted in concert with others during the scheme, including his clients and at least one U.S. hospital official and CETEC officials.

These officials were paid by de Mesones for their services. In lieu of facing an indictment, Mr. de Mesones agreed to plead guilty to a three-count information—two counts of mail fraud and one count of conspiracy. He entered this plea before the U.S. District Court in Alexandria on December 21, 1983. On January 20, 1984, he was sentenced to 3 years in Federal prison. I understand that after his conviction and sentencing, the Dominican Republic Government

closed both CETEC and CIFAS and arrested several school officials as a result of this scandal.

Our investigation did not stop there. We now faced the task of locating the 165 individuals who did business with Mr. de Mesones and determining whether sufficient evidence was available to support their prosecutions. By this time, we had been in touch with the various State medical licensing agencies which were affected by this scheme. We shared our information and cooperated with them in their investigations. In several instances, cases developed on the purchasers of these degrees were referred to the appropriate U.S. attorney for prosecution. Some of the affected States undertook their own prosecutive and/or administrative actions. Federal and State investigative/prosecutive processes are still going on.

I might add that in support of the States efforts in this area, the Inspection Service has agreed to temporarily act as a clearinghouse for information generated by the various investigations. We were asked by several States to do this and we believe that the concept will solve some of the coordination problems which always develop in a nationwide, multiagency operation. The clearinghouse will consist of a computerized file of individuals whose names have surfaced as possibly receiving fraudulent medical credentials. By accessing this file, an investigator from one State could determine whether another State or jurisdiction already has a particular individual under investigation, has relevant information, et cetera. This type of data will be invaluable, since many of the suspects have held residencies and/or licenses in several different States. Without this exchange of information, investigators would have no way of knowing that an individual may be the subject of an investigation in other jurisdictions.

Mr. Chairman, as you can see, the scheme conducted by Mr. de Mesones created a whole new health care concern for us. At issue is not the sale of potions, pills or devices, but the integrity of the medical profession upon whom we all rely for sound, competent advice and treatment. While we have jurisdiction in this matter as a result of the mail fraud statute, we view the topic of fraudulent medical credentials as a multifaceted problem requiring participation from appropriate agencies from all levels of Government, as well as the affected professional organizations. We do not believe we could or should police the medical profession, but we do plan to continue to be active in this area, especially in those cases involving brokers of false medical credentials. A concerted and cooperative effort by all concerned agencies and organizations can result in the elimination of a fraud which I believe has life-and-death implications.

Thank you for the opportunity to address your subcommittee today on this highly important subject. If you have any questions, I will be happy to answer them.

Mr. PEPPER. Thank you very much, Mr. Nelson.

Again, I commend in the warmest way the Postal Service for the magnificent job it has done in overturning these facts, making them available to us and giving us an occasion we hope to dedicate ourselves to doing something effective to prevent this kind of abuse.

But I want to say just one other word about Mr. Nelson. I am informed by the grapevine, Mr. Nelson, you are leaving the Postal Service to the regret of the Service and all your colleagues and second, to the great regret of this subcommittee.

You have worked very closely now for many years with this subcommittee. You have helped us in many critical areas where we have been trying to protect particularly the elderly people of this country against fraud which has been perpetrated upon them in myriad ways, and the Postal Service has been our wonderful ally, wonderful innovator in helping us to do something to help these elderly people not to be victims of that kind of nefarious fraud. So we want you to know that the gratitude of this committee will go warmly with you all through the years and the good that you have done for the elderly of America will always be, I am sure, whether they know you did it or not, in our hearts.

So we warmly thank you for all you have done to help.

Mr. NELSON. Thank you, Mr. Chairman. It has been my pleasure personally and the pleasure of the Agency.

Mr. PEPPER. The next witness will be Dr. Murray Grant.

STATEMENT OF DR. MURRAY GRANT

Dr. GRANT. I would like to introduce Stephen Schwartz of the General Accounting Office, who had input into our report. We have submitted our statement for the record, Mr. Chairman, and as you suggest I will briefly summarize it. We are pleased to be here today to discuss our November 1980 report on U.S. citizens studying medicine abroad.

In this report we expressed concern about the quality of education provided to U.S. citizens by some foreign medical schools. We also pointed out the need for greater assurance that students who attend foreign medical schools demonstrate that their medical knowledge and skills are comparable to those of their U.S. trained counterparts before they are allowed to enter graduate medical education or receive medical licensure in the United States.

The exact number of U.S. citizens studying medicine abroad is not known. At the time of our review, however, we estimated that the number approximated 10,000 to 11,000.

Between July and November 1979 we visited six foreign medical schools in the Caribbean, Mexico, and Europe which had about 5,400 U.S. citizens studying medicine. During our visits, we met with school administrators and faculty to obtain information on admission standards, curriculum content, and faculty credentials, and we observed facilities and equipment. We also talked with U.S. citizens about their experiences at the schools and their future plans.

During our visits, we learned that many U.S. citizen foreign medical school students obtained part or all of their undergraduate clinical training in U.S. hospitals under arrangements made by either the schools or the students themselves. To get a better understanding of this training, we reviewed clinical training programs offered these students at nine hospitals in three States: California, New York, and Florida.

The foreign medical schools we visited differed considerably, and the merits or problems of each must be viewed separately. Howev-

er, in our opinion, at the time of our visit none of these schools offered a medical education comparable to that available in the United States because of deficiencies in admission requirements, facilities and equipment, faculty, curriculum, or clinical training.

While it is difficult to generalize about the adequacy of the foreign medical schools in all of these areas, the inadequacy of the schools' clinical training represented the most serious shortcoming.

At the time of our review, U.S. citizen foreign medical school graduates had to pass the Educational Commission for Foreign Medical Graduates examination to enter graduate medical education. Less than 50 percent of the U.S. citizens taking this examination each year passed, although the pass rate was reportedly higher for first-time takers than repeaters.

Nevertheless, members of the medical profession had questioned whether this screening examination was adequate to serve the purposes for which it was being used—that is, as a test of the readiness for graduate medical education and as an adequate safeguard of the health and welfare of patients.

Licensure for medical practice is a legal function of the 50 States, Guam, Puerto Rico, the Virgin Islands, and the District of Columbia. Although eligibility requirements differ among and within jurisdictions for United States and foreign medical school graduates, all applicants must submit evidence of their undergraduate medical education.

We reported, however, that State licensing boards had no way of adequately assessing the education and training provided in foreign medical schools in deciding whether a candidate for licensure had an adequate medical education and was eligible to take the State licensing examination.

Foreign medical schools do not receive direct Federal financial assistance. However, U.S. citizens attending such schools are eligible for guaranteed student loans from the Department of Education, and qualified veterans, their spouses, and their dependents may receive Veterans Administration educational benefits. Together, these agencies provided financial assistance to several thousand U.S. citizens studying medicine abroad, including hundreds enrolled at four of the six foreign medical schools we visited in 1979.

The Department of Education's records showed that during the 1970s, it guaranteed about 21,500 loans for over $45 million, and the Veterans Administration disbursed $5.6 million to 997 veterans, their spouses, and their dependents to attend foreign medical schools. Based upon Department of Education records, we estimated at that time that the interest subsidies, defaults, and other expenses of the guaranteed loans had cost the Federal Government about $12.4 million during this period.

Mr. Chairman, based on our work, we expressed the belief in our 1980 report that the proliferation of foreign medical schools established to attract U.S. citizens who are unable to gain admission to medical schools in this country was cause for concern.

Because, at the time, there were no adequate means of evaluating the education and training provided by foreign medical schools, we recommended that more appropriate mechanisms be developed to assure that all students who attend foreign medical schools demonstrate that their medical knowledge and skills are comparable to

those of their U.S.-trained counterparts before entering the U.S. health care delivery system for either graduate medical education or medical practice.

We also recommended that steps be taken to address the practice whereby U.S. citizen foreign medical school students received part or all of their undergraduate clinical training in U.S. hospitals because no organization had overall responsibility for reviewing and approving such training and there were no assurances that the students were prepared to undertake such training.

Mr. Chairman, this concludes my statement. We will be happy to answer any questions that you or other members of the subcommittee might have.

Thank you very much.

Mr. PEPPER. Thank you very much, Dr. Grant. We appreciate very much you were able to be here.

[The prepared statement of Dr. Grant follows:]

PREPARED STATEMENT OF MURRAY GRANT, MD, DPH, CHIEF MEDICAL ADVISOR, HUMAN RESOURCES DIVISON

Mr chairman and members of the subcommittee, we are pleased to appear here today to discuss our November 1980 report [1] on U.S. citizens studying medicine abroad. In this report, we expressed concern about the quality of education provided to U.S citizens by some foreign medical schools. We also pointed out the need for greater assurance that students who attend foreign medical schools demonstrate that their medical knowledge and skills are comparable to those of their U.S.-trained counterparts before they are allowed to enter graduate medical education or receive medical licensure in the United States.

BACKGROUND

Despite significant growth in the enrollment capacity of U.S. medical schools, many who apply are not accepted because of the intense competition for a limited number of positions. As a result, many U.S. citizens attend foreign medical schools with the goal of ultimately returning to the United States to practice medicine. The exact number of U.S. citizens studying medicine abroad is not known. However, we estimated that the number approximated 10,000 to 11,000 at the time of our review.

In the past, U.S. citizens unable to gain admission to U.S. medical schools generally attended European schools. However, more recently, newly established schools in the Western Hemisphere, particularly in the Caribbean, have attracted increasing numbers of students.

WHAT WE DID

Between July and November 1979 we visited six foreign medical schools in the Caribbean, Mexico, and Europe which had about 5,400 U.S. citizens studying medicine. During our visits, we met with school administrators and faculty to obtain information on admission standards, curriculum content, and faculty credentials, and we observed facilities and equipment. We also talked with U.S. citizens about their experiences at the schools and their future plans. The schools we visited and their locations are listed in the attachment to this statement.

During our visits, we learned that many U.S. citizens foreign medical school students obtained part or all of their undergraduate clinical training in U.S. hospitals under arrangements made by either the schools or the students themselves. To get a better understanding of this training, we reviewed clinical training programs offered U.S. citizen foreign medical school students at nine hospitals in three states—California, New York, and Flordia. We also met with officials of these states' medical licensing boards to determine whether they were aware of these programs. Additionally, we discussed with New Jersey officials similar clinical training programs for foreign-trained U.S. citizens conducted in their state.

[1] Policies on U.S. Citizens Studying Medicine Abroad Need Review and Reappraisal (HRD-81-32, Nov. 21, 1980).

Before discussing what we found, I want to highlight several items that we should keep in mind. First, there are many first rate medical schools in other countries that produce excellent physicians. Second, many distinguished scholars from medical schools around the world are welcomed to this country as teachers and practitioners and make a valuable contribution. And third, even with limitations in a medical school's educational capabilities, some students will do well because of their own ability and willingness to study and learn.

I want to reemphasize that we visited only six foreign medical schools that were selected primarily because large numbers of U.S. citizens either had studied or were studying there.

WHAT WE FOUND

The foreign medical schools we visited differed considerably, and the merits or problems of each must be viewed separately. However, in our opinion, at the time of our visit none of these schools offered a medical education comparable to that available in the United States because of deficiencies in admission requirements, facilities and equipment, faculty, curriculum, or clinical training. While it is difficult to generalize about the adequacy of the foreign medical schools in all of these areas, the inadequacy of the schools' clinical training represented the most serious shortcoming. When we visited the six foreign schools, none had access to the same range of clinical facilities and numbers and mixes of patients as a U.S. medical school.

CLINICAL TRAINING IN U.S. HOSPITALS

The type, length, and extent of undergraduate clinical training received by U.S. citizen foreign medical school students at most U.S. hospitals we visited varied greatly and generally was not comparable to that provided to U.S. medical school students. For example, at the time of our review, most of the hospitals we visited were not affiliated with U.S. medical schools, and their training programs were inadequately monitored by the foreign medical schools. Also, these hospitals had little assurance that U.S. citizens from foreign medical schools were adequately and properly prepared for clinical training.

ALTERNATIVE ROUTES FOR ENTERING THE AMERICAN MEDICAL SYSTEM

U.S. citizens we talked to who were studying at foreign medical schools said their goal was to return to the United States and practice medicine. Four routes are available:

Transfer with advanced undergraduate standing to U.S. medical schools.

Participate in the Fifth Pathway Program (1 year of clinical training in the United States under the supervision of a U.S. medical school).

Enter graduate medical education in the United States.

Obtain a license to practice medicine from a jurisdiction authorized to license physicians.

U.S. citizens at foreign medical schools who are unable to transfer with advanced standing to a U.S. medical school or participate in a Fifth Pathway Program usually enter the American medical system by participating in U.S. graduate medical education since it is also required for licensure in most states.

At the time of our review, U.S. citizen foreign medical school graduates had to pass the Educational Commission for Foreign Medical Graduates examination to enter graduate medical education. Less than 50 percent of the U.S. citizens taking this examination each year passed, although the pass rate was reportedly higher for first-time takers than repeaters. Nevertheless, members of the medical profession had questioned whether this screening examination was adequate to serve the purposes for which it was being used—that is, as a test of the readiness for graduate medical education and as an adequate safeguard of the health and welfare of patients.

Licensure for medical practice is a legal function of the 50 states, Guam, Puerto Rico, the Virgin Islands, and the District of Columbia. Although eligibility requirements differ among and within jurisdictions for U.S. and foreign medical school graduates, all applicants must submit evidence of their undergraduate medical education. We reported, however, that state licensing boards had no way of adequately assessing the education and training provided in foreign medical schools in deciding whether a candidate for licensure had an adequate medical education and was eligibile to take the state licensing examination.

FEDERAL FINANCING ASSISTANCE FOR U.S. CITIZENS STUDYING MEDICINE ABROAD

Foreign medical schools do not receive direct federal financial assistance. However, U.S. citizens attending such schools are eligible for guaranteed student loans from the Department of Education, and qualified veterans, their spouses, and their dependents may receive Veterans Administration educational benefits. Together, these agencies provided financial assistance to several thousand U.S. citizens studying medicine abroad, including hundreds enrolled at four of the six foreign medical schools we visited in 1979.

The Department of Education's records showed that during the 1970's, it guaranteed about 21,500 loans for over $45 million, and the Veterans Administration disbursed $5.6 million to 997 veterans, their spouses, and their dependents to attend foreign medical schools. Based upon Department of Education records, we estimated that the interest subsidies, defaults, and other expenses of the guaranteed loans had cost the federal government about $12.4 million during this period. We were unable to determine precisely the program's cost because the Department's accounting system did not provide accurate and complete information on the number or amount of guaranteed student loans and defaults.

Mr. Chairman, based on our work, we expressed the belief in our 1980 report that the proliferation of foreign medical schools established to attract U.S. citizens who are unable to gain admission to medical schools in this country was cause for concern.

We recognized that U.S. citizens were free to go abroad to study medicine and that many would continue to do so with the ultimate goal of returning to the United States to practice medicine. Because, at the time, there were no adequate means of evaluating the education and training provided by foreign medical schools, we recommended that more appropriate mechanisms be developed to assure that all students who attend foreign medical schools demonstrate that their medical knowledge and skills are comparable to those of their U.S.-trained counterparts before entering the U.S. health care delivery system for either graduate medical education or medical practice.

We also recommend that steps be taken to address the practice whereby U.S. citizen foreign medical school students received part or all of their undergraduate clinical training in U.S. hospitals because no organization had overall responsibility for reviewing and approving such training and there were no assurances that the students were prepared to undertake such training.

We are not in a position at this time to specifically comment on the actions taken to address all the concerns discussed in our 1980 report. However, we are aware that a few states have taken actions in an effort to assess the quality of training received in some foreign medical schools as well as their undergraduate clinical training in U.S. hospitals. We also are aware of the recent change, which, beginning in July of this year, requires that all foreign-trained medical students seeking to receive graduate medical education or licensure in the United States take a different examination than that required at the time of our review. Preliminary indications are that this new examination addresses most of the concerns we had with the previous examinations.

Mr. Chairman, this concludes my statement. We will be happy to answer any questions that you or other Members of the Subcommittee might have.

FOREIGN MEDICAL SCHOOLS VISITED BY GAO IN 1979

Caribbean

Universidad Central del Este—in San Pedro de Macoris, Dominican Republic.
Universidad Nordestana—in San Francisco de Macoris, Dominican Republic.
St. George's University School of Medicine—in Grenada, West Indies.

Mexico

Universidad Autonoma De Guadalajara—in Guadalajara, Mexico.

Europe

Universita Degli Studi Di Bologna—in Bologna, Italy.
Universite de Bordeaux, II—in Bordeaux, France.

BY THE COMPTROLLER GENERAL

Report To The Congress

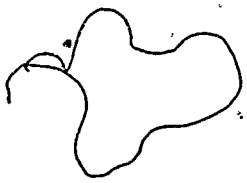
OF THE UNITED STATES

Policies On U.S. Citizens Studying Medicine Abroad Need Review And Reappraisal

Many U.S. citizens attend foreign medical schools with the goal of returning to practice in this country. However, the education and training provided by some of these schools, in which several thousand U.S. citizens are enrolled, vary greatly and, in GAO's opinion, are not comparable to that offered in U.S. schools.

GAO recommends that more appropriate mechanisms be developed to ensure that all students who attend foreign medical schools demonstrate that their medical knowledge and skills are comparable to those of their U.S.-trained counterparts before they are allowed to enter the mainstream of American medicine. This report suggests several alternatives to be considered in accomplishing this objective.

GAO also recommends that (1) action be taken to address the practice of foreign medical school students receiving undergraduate clinical training in U.S. hospitals, (2) the Department of Education and VA ensure that guaranteed student loans and educational benefits go only to students at foreign medical schools providing an education comparable to that provided at U.S. schools, and (3) the Government's interest in outstanding guaranteed student loans for U.S. citizens studying medicine abroad be adequately protected.



HRD-81-32
NOVEMBER 21 1980

COMPTROLLER GENERAL OF THE UNITED STATES
WASHINGTON, D.C. 20548

B-200077

To the President of the Senate and the
Speaker of the House of Representatives

This report summarizes our review of U.S. citizens studying medicine abroad. It discusses the:

--Education and training provided by six foreign medical schools, in which several thousand U.S. citizens are enrolled.

--Clinical training U.S. citizen foreign medical school students receive in U.S. hospitals.

--Avenues available for entering the American medical system.

--Federal financial assistance in the form of guaranteed student loans and educational benefits provided to U.S. citizens while studying medicine abroad.

We made our review at the request of the Chairman, House Committee on Interstate and Foreign Commerce, and the Ranking Minority Member, Subcommittee on Health and the Environment. Because of the widespread congressional interest in this matter, we are issuing our report to the Congress.

We are sending copies of this report to the Chairmen of interested congressional committees and subcommittees; the Director, Office of Management and Budget; the Secretary of Health and Human Services; the Secretary of Education; the Administrator of Veterans Affairs; the Secretary of State; and those entities responsible for the education, testing, and licensure of physicians in the United States.

Elmer B. Staats

Comptroller General
of the United States

COMPTROLLER GENERAL'S REPORT TO THE CONGRESS

POLICIES ON U.S. CITIZENS STUDYING MEDICINE ABROAD NEED REVIEW AND REAPPRAISAL

D I G E S T

Because of the intense competition for a limited number of slots in U.S. medical schools, many U.S. citizens attend foreign schools with the goal of returning to practice medicine. Much concern has been expressed about the recent proliferation of medical schools established to attract U.S. citizens, and questions have been raised about the adequacy and appropriateness of that educational experience for practicing in the United States.

GAO believes that:

--More appropriate mechanisms are needed to ensure that all students who attend foreign medical schools demonstrate that their medical knowledge and skills are comparable to their U.S.-trained counterparts before they are allowed to enter the mainstream of American medicine.

--Action should be taken concerning the practice of foreign medical school students receiving undergraduate clinical training in U.S. hospitals.

--The Department of Education and the Veterans Administration need to ensure that guaranteed student loans and educational benefits go only to students at medical schools providing an education comparable to that provided at U.S. schools and the Department of Education needs to ensure that the Government's interest in outstanding guaranteed loans for U.S. citizens studying medicine abroad is adequately protected.

HRD-81-32

The exact number of U.S. citizens studying medicine abroad is not known; however, GAO believes that there are about 10,000 to 11,000. About 63,800 medical students were enrolled in the 125 accredited U.S. medical schools during academic year 1979-80.

GAO recognizes that there are many first-rate medical schools in foreign countries which produce excellent physicians; that many distinguished scholars from medical schools around the world are welcomed to this country as teachers and practitioners and make a valuable contribution; and that, even with limitations in a medical school's educational capabilities, some students will do well because of their own ability and willingness to study and learn.

During its review, GAO visited six foreign medical schools that were selected primarily because large numbers of U.S. citizens either had studied or were studying at these schools. Because it was generally believed that the goal of most U.S. citizens attending foreign medical schools is to return to the United States to practice medicine, GAO believed it was necessary to compare the training they received in medical schools abroad to that provided in the United States. GAO's review was made in this context.

FOREIGN MEDICAL SCHOOLS VISITED DO NOT OFFER A COMPARABLE EDUCATION

The foreign medical schools GAO visited differed considerably; and the merits or problems of each school must be viewed separately. However, in GAO's opinion, none of them offered a medical education comparable to that available in the United States because of deficiencies in admission requirements, facilities and equipment, faculty, curriculum, or clinical training. While it is difficult to judge the adequacy of the foreign medical schools in all of these areas, a serious shortcoming at each school was the

lack of adequate clinical training facilities. None of the foreign schools had access to the same range of clinical facilities and numbers and mix of patients as a U.S. medical school. (See p. 10 and apps. II to VII.)

CLINICAL TRAINING IN U.S. HOSPITALS

Many U.S. citizen foreign medical school students obtained part or all of their undergraduate clinical training in U.S. hospitals. However, the type, length, and extent of training received at most U.S. hospitals participating in these arrangements that GAO visited varied greatly, and generally such training was not comparable to that provided to U.S. medical school students.

Moreover, most of the hospitals participating in these arrangements that GAO visited (1) were not affiliated with U.S. medical schools and (2) had little assurance that U.S. citizens from foreign medical schools were adequately and properly prepared for clinical training.

The Liaison Committee on Medical Education approves and accredits U.S. and Canadian medical schools, including their clinical training programs. This Committee, however, is not responsible for reviewing and approving other foreign medical schools or the clinical training programs provided in U.S. hospitals for U.S. citizens attending those foreign medical schools.

State medical licensing boards in California, New York, and Florida generally had not approved clinical training programs for foreign medical school students at hospitals in their States, nor were they aware of the extent to which such programs existed in their States. However, the New Jersey licensing board had approved some but not all such programs in New Jersey. (See p. 15.)

FOREIGN-TRAINED U.S. CITIZENS ENTER THE AMERICAN MEDICAL SYSTEM IN VARIOUS WAYS

Foreign-trained U.S. citizens can enter the American medical system four ways:

--Transfer with advanced undergraduate standing to U.S. medical schools.

--Participate in a Fifth Pathway Program.

--Enter graduate medical education in the United States.

--Obtain a license to practice medicine from a jurisdiction authorized to license physicians. (See p. 23.)

Transfer to U.S. schools

A May 1980 report to the Congress by the Department of Health and Human Services (HHS) stated that U.S. citizen foreign medical school students who transferred to U.S. medical schools generally had deficiencies in the clinical and basic sciences. (See p. 24.)

Fifth Pathway Program

The Fifth Pathway Program is an alternative route to enter U.S. graduate medical education for U.S. citizens who attend foreign medical schools in countries that require a year of internship or social service to obtain their final degree and practice medicine. It provides a year of undergraduate clinical training in the United States under the supervision of a U.S. medical school. (See p. 27.)

Graduate medical education

Those U.S. citizens at foreign medical schools who are unable to pursue either of the first two alternatives usually enter the American

medical system by participating in graduate medical education programs conducted in the United States.

The American Medical Association's Center for Health Services Research and Development reports that about 2,300 U.S. citizen foreign medical school graduates were in U.S. graduate medical education training programs in 1979.

U.S. citizen foreign medical school graduates must pass the Educational Commission for Foreign Medical Graduates examination to enter graduate medical education in this country. Less than 50 percent of the U.S. citizens taking this examination each year pass, although the pass rate is reportedly higher for first-time takers than repeaters.

Nevertheless, members of the medical profession have questioned whether this screening examination is adequate to serve the purpose for which it is being used--both as a test of the readiness for graduate medical education and as an adequate safeguard of the health and welfare of patients.

Foreign citizen foreign medical school graduates, who may have attended the same foreign medical school, must pass the Visa Qualifying Examination to obtain a visa and participate in a U.S. graduate medical education program. However, some in the medical profession consider the Visa Qualifying Examination more comprehensive and difficult to pass than the examination given to U.S. citizen foreign medical school graduates. (See p. 29.)

Licensure

Licensure for medical practice is a legal function of the 50 States, Guam, Puerto Rico, the Virgin Islands, and the District of Columbia. Although eligibility requirements differ among and within jurisdictions for U.S. and foreign medical school graduates, all applicants must submit evidence of their

undergraduate medical education. However, State licensing authorities have no way of adequately assessing the education and training provided in foreign medical schools in deciding whether the applicant is eligible to take the State licensing examination.

Most jurisdictions require that physicians trained in foreign medical schools obtain graduate medical education in order to be licensed, whereas a similar requirement may not be imposed on U.S. medical school graduates.

Specifically, according to information collected by the American Medical Association, 15 States do not require U.S. medical school graduates to obtain graduate medical education to be licensed. However, 12 of these States require graduate medical education for physicians trained in foreign medical schools. The other three States (Massachusetts, New Mexico, and Texas) do not require graduates of foreign medical schools to obtain graduate medical training to secure licensure. (See p. 32.)

FEDERAL FINANCIAL ASSISTANCE

Foreign medical schools do not receive direct Federal financial assistance. However, U.S. citizens attending approved schools are eligible for guaranteed student loans from the Department of Education (ED); qualified veterans, their spouses, and their dependents may receive Veterans Administration (VA) educational benefits.

Before authorizing guaranteed loans, ED is required by law to determine that the education and training provided is comparable to that available at a U.S. medical school. The VA Administrator may deny or discontinue educational benefits if such enrollment is determined not to be in the individual's or the Government's best interest. (See p. 39.)

In GAO's opinion, the approach used by ED and VA to make this comparability determination is inadequate. Both agencies primarily based their determination on the foreign schools' listing in the World Health Organization's "World Directory of Medical Schools." This approach only provides recognition of a medical school by the country's government--it does not provide sufficient information to assure that foreign medical schools are comparable to U.S. medical schools. (See p. 41.)

ED and VA have a somewhat common objective in evaluating foreign medical schools. However, each agency developed its own comparability criteria as a result of the recent proliferation of foreign medical schools that are attracting large numbers of U.S. citizens. (See p. 42.)

However, regulations establishing procedures and criteria for making comparability determinations have not been published by either agency even though the programs were enacted years ago. (See pp. 43 to 45.)

Over the past 10 years, VA has disbursed $5.6 million to 997 veterans and their spouses and dependents attending foreign medical schools.

During the same period, ED's records show that it guaranteed about 21,500 loans for over $45 million to U.S. citizens attending foreign medical schools. Based on ED's records, GAO estimates that interest subsidies, defaults, and other expenses for U.S. citizens receiving these loans have cost the Federal Government about $12.4 million during this period.

However, because the Department's accounting system does not provide accurate and complete information on the number or amount of guaranteed student loans and defaults, GAO is unable

to state precisely the program's cost. (See p. 45.)

PHYSICIAN SUPPLY IN THE UNITED STATES

During the past several years, HHS has stated that the Nation's shortage of physicians appears to have ended and that the United States could be producing an adequate or excess number of physicians by the end of this century. As a result, the administration and the Congress have begun taking steps to remove the incentives for increasing the number of U.S.-trained physicians.

In September 1980 additional steps to reduce the supply of physicians trained in the United States were recommended to the Secretary of HHS by the Graduate Medical Education National Advisory Committee. The Committee also recommended that action be taken to reduce the number of foreign medical school graduates, including U.S. citizens, who enter this country to practice medicine. (See pp. 5 and 37.)

CONCLUSION

GAO recognizes that U.S. citizens are free to go abroad to study medicine, and many will continue to do so with the ultimate goal of returning to the United States to practice medicine. Because there are no adequate means of evaluating the education and training provided by foreign medical schools, GAO believes that the Congress, the administration, State licensing authorities, and the medical profession need to consider how the issues discussed in this report can be best addressed and how the highest quality of patient care can be assured.

RECOMMENDATION TO THE CONGRESS

The Congress should direct the Secretary of HHS to work with State licensing authorities

and representatives of the medical profession to develop and implement appropriate mechanisms that would ensure that all students who attend foreign medical schools demonstrate that their medical knowledge and skills are comparable to those of their U.S.-trained counterparts before they are allowed to enter the U.S. health care delivery system for either graduate medical education or medical practice. GAO suggests a number of alternatives that should be considered in accomplishing this objective. (See p. 53.)

RECOMMENDATION TO
THE SECRETARY OF HHS

The Secretary of HHS, in cooperation with State licensing authorities and representatives of the medical profession, should address the current practice whereby students attending foreign medical schools receive part or all of their undergraduate clinical training in U.S. hospitals. (See p. 56.)

RECOMMENDATIONS TO
THE SECRETARY OF EDUCATION

The Secretary of Education should:

--Issue regulations establishing procedures and criteria for implementing the legislative requirement that ED ensure that foreign medical schools are comparable to medical schools in the United States before authorizing guaranteed student loans for U.S. citizens attending these schools.

--Ensure that the Government's interest in outstanding guaranteed student loans at foreign medical schools is adequately protected by properly verifying the status of all U.S. citizens with outstanding loans and initiating repayment where appropriate. (See p. 56.)

RECOMMENDATION TO THE ADMINISTRATOR OF VETERANS AFFAIRS

The Administrator should accept foreign medical schools approved by the Secretary of Education as a basis for authorizing educational benefits to qualified veterans, their spouses, and their dependents. (See p. 56.)

COMMENTS BY FEDERAL AGENCIES, STATE LICENSING AUTHORITIES, AND THE MEDICAL PROFESSION AND UNRESOLVED ISSUES

HHS, the Federation of State Medical Boards, the Association of American Medical Colleges, and the American Hospital Association generally agreed with the findings, conclusions, and recommendations in the draft report regarding the need to ensure that all students who attend foreign medical schools demonstrate that their medical knowledge and skills are comparable to their U.S.-trained counterparts before they are allowed to enter the U.S. health care delivery system.

The American Medical Association agreed with GAO's recommendation concerning clinical training in U.S. hospitals and stated that this is a valid issue for concern. However, the Association does not believe the Federal Government should become involved in accrediting programs or in establishing prerequisites for licensure or graduate medical education in the United States. The Association contends that adequate safeguards already exist and, therefore, further Federal regulation is inappropriate.

GAO disagrees and points out that HHS, the Federation of State Medical Boards, and other members of the medical profession reached different conclusions than the Association on this issue. Moreover, GAO did not recommend that the Federal Government assume responsibility for program accreditation or licensure. The report recognizes that this responsibility rests with State licensing

bodies and the medical profession. At the same time, however, GAO believes HHS can and should actively participate in these deliberations because the judgments involved, which affect U.S. citizens as well as foreign nationals, would benefit from public participation, an open deliberative forum, and a close relationship to the public policy development process to ensure equitable solutions that are sensitive to the needs and rights of all involved parties.

The Coordinating Council on Medical Education and its Liaison Committees on Undergraduate and Graduate Medical Education chose not to comment.

ED agreed with GAO's findings and recommendation regarding the need to issue regulations for assessing comparability to determine eligibility for the Guaranteed Student Loan Program. However, ED believes there may be ways other than issuing regulations to implement the intent of this recommendation. In view of the importance of this issue and the need for such regulations, we are concerned that the Department has not set forth a specific course of action it intends to take. ED agreed with GAO's recommendation to protect the Government's interest in outstanding guaranteed student loans for U.S. citizens studying medicine abroad.

VA said it has no objection to GAO's recommendation that it accept foreign medical schools approved by the Secretary of Education as a basis for authorizing educational benefits to qualified veterans, their spouses, and their dependents. VA stated, however, that its legislation and attendant regulations would have to be considered when evaluating the adequacy of any new ED standards.

GAO was informed that the Department of State had no disagreement with the draft report and therefore did not submit written comments.

Comments by Federal agencies and the medical profession are included as appendixes and are discussed in chapter 5.

Summaries of our observations on their medical education and training programs were sent to each of the foreign medical schools we visited. Their comments have been incorporated as appropriate and recognized in appendixes II to VII.

Mr. PEPPER. Next is—did Dr. Schwartz wish to say anything?

Mr. SCHWARTZ. No, sir.

Mr. PEPPER. Mr. Larry Morey, Assistant Inspector General for Investigations, Office of the Inspector General, Department of Health and Human Services.

STATEMENT OF LARRY MOREY

Mr. MOREY. I am Larry Morey, Assistant Inspector General for Investigations, Department of Health and Human Services. I would like to thank you for the opportunity to describe the role the Inspector General's Office has played regarding the problems associated with U.S. citizens obtaining fraudulent foreign medical degrees. We view this as a very serious matter and applaud the efforts of the subcommittee in looking into this issue.

In addition, I would like to express our sincere appreciation for the fine investigation done by the postal inspectors. Their outstanding efforts have been essential to the progress we have made on this array of issues.

The role of the inspector general has been mainly one of support and assistance to the postal inspectors in their investigations of persons who have obtained medical credentials through fraudulent means. As you know, our jurisdiction in this area is limited to protecting the integrity of the Medicare and Medicaid Programs and the many beneficiaries they serve. Although our role has been one of support, we have given it maximum priority during the time of our involvement.

Our initial involvement followed the conviction of Pedro de Mesones last December by the postal inspectors. His conviction produced the names of a number of individuals suspected of obtaining fraudulent medical degrees. We obtained those names from the postal inspectors and matched them against the bills being received by State Medicaid agencies, and Medicare intermediaries and carriers to determine if those people had submitted any bills to Medicare or Medicaid using their fraudulently obtained medical degrees and licenses.

Fortunately, we have uncovered only one case in which these individuals have requested Medicare or Medicaid reimbursement. We have uncovered cases where a person with both an illegitimately obtained as well as legitimately obtained license of another kind, for example, chiropractor license, has billed Medicare only for services rendered under his legitimately obtained license. In such situations, there is no violation of Medicare laws. Consequently, we are unable to bring either a criminal or civil action under our Medicare or Medicaid provisions unless postal inspectors are able to obtain a conviction through other criminal statutes.

If we get sufficient evidence that persons seek to obtain reimbursement on the basis of the improperly obtained licenses, we can take action to suspend payment and to exclude the persons from program participation.

We are also working very closely with local and State authorities to determine if those individuals are in residency programs. In cases in which postal inspectors could indict and convict on a violation of mail fraud laws, or where other sufficient evidence of falsi-

fied credentials exists, we could then bring an additional criminal, or possible civil or administrative action, either for the submission of false claims or for the misuse of Federal Medicare or Medicaid moneys while the individual was a paid employee of a hospital.

As an aside, in the State of Florida, even though we found no doctors practicing medicine with fraudulently obtained licenses, we did uncover a new twist to this phoney doctor issue. Our auditors have found five practicing doctors practicing without current State medical license as issued by the State licensure board. During the past 2½ years, while practicing technically without a State license, they billed Medicare for about $1 million. We have, also learned that these and other medical practitioners in that State have not renewed their licenses to practice medicine, in some cases, for 4 years. Since a medical practitioner must be licensed in the State where the services are performed to be eligible for Medicare and/or Medicaid reimbursement, our audit and investigative office is developing a program to examine this issue on a nationwide basis to determine the extent of the problems. We would be pleased to keep you informed of our findings as we develop them.

We have also attempted to attack this problem from a different perspective. Shortly following the conviction of de Mesones, we convened an informal group of public and private sector representatives concerned with the effect this issue would have on the medical community and beneficiary population at large. Attending were representatives from the Postal Inspection Service, the American Medical Association, the Educational Commission for Foreign Educational Graduates, the Federal Bureau of Investigation, the Federation of State Medical Boards, and the Department of Health and Human Services. We have subsequently had a meeting with that same group, Mr. Chairman.

Before concluding I would like you to know what can be done against these individuals and, more importantly, what can't be done. Postal investigations are designed to get indictments and convictions based on violations of mail fraud laws. When program beneficiaries are at risk, it is our view that every effort should be made to (1) assist in the criminal prosecution of physicians with falsified credentials, and (2) prevent physicians with falsified credentials from participating in the program.

Where a criminal conviction is obtained, in some circumstances, it may be possible to suspend the person from Medicare and Medicaid participation under section 1128(A) of the Social Security Act.

Where a person is properly licensed as, example, a physician, a chiropractor or pharmacist, we cannot suspend payment on claims filed under that provider number unless the person seeks to get a provider number or files claims based on falsified credentials or engages in other fraudulent activity. At that time, we could suspend all payments. If a person were excluded from the program under the Department's exclusion authority, for having filed claims as a physician with false credentials, he would be excluded not only as physician but in all capacities.

A real problem area is our, or more importantly, a State licensure board's, inability to control the movement of doctors whose licenses have been suspended or revoked in one State, but who are able to continue practicing medicine and bill Medicare and Medic-

aid, simply by moving to another State and obtaining another license. Recommendations introduced last year would address this problem by requiring State licensure boards to share information on suspended or revoked licensed doctors with other State licensure boards, professional review organizations, and this Department, and by authorizing the Department to exclude persons who had lost a State license from participating in Medicare and/or Medicaid.

A second gap, and one that can be better spoken to by representatives from the medical community, is the need for establishing more uniform requirement for obtaining a license among the 50 States. One pattern we have uncovered is that many of the individuals who obtained false credentials qualified for medical licenses from one State where prior to 1981, its standards for accepting such students were relatively lax. The name of the State is irrelevant. Rather what is important is that since 1981, they have tightened up their licensing qualifications considerably. More importantly, from my perspective, our investigations would be made easier if all State laws required careful testing and screening of professional credentials.

This concludes my testimony, and I am available for any questions you may have.

Mr. PEPPER. Thank you very much, Mr. Morey.

[The prepared statement of Mr. Morey follows:]

PREPARED STATEMENT OF LARRY D. MOREY, ASSISTANT INSPECTOR GENERAL, DEPARTMENT OF HEALTH AND HUMAN SERVICES

Good morning, I am Larry Morey, Assistant Inspector General for Investigations, Department of Health and Human Services. I would like to thank you for the opportunity to describe the role the Inspector General's Office has played regarding the problems associated with U.S. citizens obtaining fraudulent foreign medical degrees. We view this as a very serious matter and applaud the efforts of the subcommittee in looking into this issue.

In addition, I would like to express our sincere appreciation for the fine investigative job done by the Postal Inspectors. Their outstanding efforts have been essential to the progress we have made on this array of issues.

The role of the Inspector General has been mainly one of support and assistance to the Postal Inspectors in their investigations of persons who have obtained medical credentials through fraudulent means. As you know, our jurisdiction in this area is limited to protecting the integrity of the medicare and medicaid programs and the many beneficiaries they serve. Although our role has been one of support, we have given it maximum priority during the time of our involvement.

Our initial involvement followed the conviction of Pedro de Mesones last December by the Postal Inspectors. His conviction produced the names of a number of individuals suspected of obtaining fraudulent medical degrees. We obtained those names from the Postal Inspectors and matched them against the bills being received by State Medicaid agencies, and Medicare intermediaries and carriers to determine if those people had submitted any bills to Medicare or Medicaid using their fraudulently obtained medical degrees and licenses. In some cases, we were able to apply computer matching, in other cases, we used a manual process. In addition, since initiating this operation, we have received from sources other than Postal Inspectors names of persons who have illegitimately obtained professional degrees. We are continually matching these names against Medicare and Medicaid bills to determine if they have received Federal funds from our Federal health programs.

Fortunately, we have uncovered only one case in which these individuals have requested Medicare or Medicaid reimbursement. We have uncovered cases where a person with both an illegitimately obtained as well as legitimately obtained license of another kind, e.g., chiropractor license, has billed Medicare only for services rendered under his legitimately obtained license. In such situations, there is no violation of Medicare laws. Consequently, we are unable to bring either a criminal or

civil action under our Medicare or Medicaid provisions unless Postal Inspectors are able to obtain a conviction through other criminal statutes.

If we get sufficient evidence that persons seek to obtain reimbursement on the basis of the improperly obtained licenses, we can take action to suspend payment and to exclude the persons from program participation.

We are also working very closely with local and State authorities to determine if those individuals are in residency programs. In cases in which Postal Inspectors could indict and convict on a violation of mail fraud laws, or where other sufficient evidence of falsified credentials exists, we could then bring an additional criminal, or possible civil or administrative action, either for the submission of false claims or for the misuse of Federal Medicare or Medicaid monies while the individual was a paid employee of a hospital.

As an aside, in the State of Florida, even though we found no doctors practicing medicine with fraudulently obtained licenses, we did uncover a new twist to this phoney doctor issue. Our auditors have found five practicing doctors whose licenses had been previously revoked by the State Licensing Board. During the past 2½ years, while practicing without a State license, they billed Medicare for about $1 million. Also, we have learned that some medical practitioners in that State have not renewed their licenses to practice medicine, in some cases, for 4 years. Since a medical practitioner must be licensed in the State where the services are performed to be eligible for Medicare and/or Medicaid reimbursement, our audit and investigative office is developing a program to examine this issue on a nation-wide basis to determine the extent of the problems. We would be pleased to keep you informed of our findings.

We have also attempted to attack this problem from a different perspective. Shortly following the conviction of de Mesones, we convened an informal group of public and private sector representatives concerned with the effect this issue would have on the medical community and beneficiary population at large. Attending were representatives from the Postal Inspection Service, the American Medical Association, the Educational Commission for Foreign Educational Graduates, the Federal Bureau of Investigation, the Federation of State Medical Boards and the Department of Health and Human Services. Even though informal, with no major objectives other than the establishment of new lines of communication, the convening of this meeting was significant since it represented a new merging of traditional medical and law enforcement institutions. We wanted to share information, and stay on top of the issues.

In our opinion, all three objectives are being met. We recently held our second meeting to inform all representatives of the progress being made in the various investigations In addition, as I pointed out earlier, as a result of these meetings, we are receiving names of potentially fraudulently licensed practitioners from sources other than the Postal Service.

Before concluding, I would like you to know what can be done against these individuals, and more importantly, what can't be done. Postal investigations are designed to get indictments and convictions based on violations of mail fraud laws. When program beneficaries are at risk, it is our view that every effort should be made to (1) assist in the criminal prosecution of physicians with falsified credentials, and (2) prevent physicians with falsified credentials from participating in the program.

Where a criminal conviction is obtained, in some circumstances, it may be possible to suspend the person from Medicare and Medicaid participation under section 1128(a) of the Social Security Act.

Where a person is properly licensed as, e.g., a physician, a chiropractor or pharmacist, we cannot suspend payment on claims filed under that provider number unless the person seeks to get a provider number or files claims based on falsified credentials or engages in other fraudulent activity. At that time, we could suspend all payments If a person were excluded from the program under the Department's exclusion authority, for having filed claims as a physician with false credentials, he would be excluded not only as physician but in all capacities.

A real problem area is our, or more importantly, a State licensure boards' inability to control the movement of doctors whose licenses have been suspended or revoked in one State, but who are able to continue practicing medicine and bill Medicare and Medicaid, simply by moving to another State and obtaining another license Recommendations introduced last year would address this problem by requiring State licensure boards to share information on suspended or revoked licensed doctors with other State licensure boards, professional review organizations and this department, and by authorizing the Department to exclude persons who had lost a State license from participating in Medicare and/or Medicaid.

A second gap, and one that can be better spoken to by representatives from the medical community, is the need for establishing more uniform requirements for obtaining a license among the 50 states. One pattern we have uncovered is that many of the individuals who obtained false credentials qualified for medical licenses from one State where prior to 1981, its standards for accepting such students were relatively lax. The name of the State is irrelevant. Rather what is important is that since 1981, they have tightened up their licensing qualifications considerably. More importantly, from my perspective, our investigations would be made easier if all State laws required careful testing and screening of professional credentials.

This concludes my testimony. I am available to answer any questions you may have.

Mr. PEPPER. Our concluding witness will be the Honorable Brigadier General Geer, Director of Professional Services, Office of The Surgeon General, U.S. Army.

General, we are pleased to hear you.

STATEMENT OF BRIG. GEN. THOMAS GEER

General GEER. Thank you, Mr. Chairman, and members of the committee. It is my privilege to be here today, and I will briefly summarize the statement that you have been given.

The Army Medical Department operates a large and complex health care system which currently serves over 3 million potential beneficiaries.

In calendar year 1983, the work done by this department exceeded 23 million clinic visits and exceeded 400,000 hospital admissions. We currently have over 5,000 military physicians on active duty, and we employ over 650 civilian physicians.

In September 1983, we discovered one individual who had fraudulently obtained employment as a civilian physician. The episode related to Mr. Asante has been amply outlined to the members of the committee.

In July 1984, the Army was notified by the State of New York that a Capt. Abraham Berger, an officer serving on active duty as a physician, possibly possessed a fraudulent diploma from a foreign medical school. Subsequent investigation of the allegation has resulted in charges being preferred against this individual, and he is currently awaiting completion of an investigation and a decision as to further legal action.

This individual entered active duty in July 1981, and at that time he presented a medical diploma and certification from the Educational Council of Foreign Medical Graduates. He, in fact, presented all documents required by regulations at that time. Those documents appeared to be valid and were not questioned.

Since the most recent episode, the Army has conducted a 100-percent audit of all active duty and civilian physicians who were then employed by the Army to verify their educational credentials. This audit is now over 95 percent complete. There have been no further instances of fraudulent credentials discovered during this process. The Army is acutely aware of the seriousness of fraudulent physicians and the damage that they can do if allowed to practice medicine.

We feel that the steps which have been taken will insure, to the extent possible, that only those individuals who are thoroughly qualified to practice will be allowed to practice in our medical treatment facilities.

I will be happy to attempt to answer any questions that the members of the committee might have.

[The prepared statement of Brigadier General Geer follows:]

STATEMENT OF BRIG. GEN. THOMAS M. GEER, DIRECTOR OF PROFESSIONAL SERVICES, OFFICE OF THE SURGEON GENERAL, DEPARTMENT OF THE ARMY

Mr Chairman, and members of the committee, I am Brig. Gen. Thomas M. Geer, Director, Professional Services, Office of The Surgeon General, Department of the Army I am also Chief, Medica. Corps, United States Army Medical Department. It is my privilege to be here today.

The Army Medical Department [AMEDD] operates a large and complex health system which provides health care services to active duty and retired military personnel and their families. The current population supported by the AMEDD is 3.1 million people. Health care services are provided in 51 Army Hospitals, 157 Army Health Clinics and 117 Troop Medical Clinics located throughout the world. Each day approximately 1,100 patients are admitted to Army Hospitals; 7,000 Hosptial beds are occupied; 64,000 clinic visits are conducted; 120 live births are delivered; and 720,000 laboratory, 98,000 pharmacy, and 38,000 X-ray procedures are performed.

The Army currently has 5,163 military physicians on active duty and employs 663 civilian physicians. These individuals are highly trained and dedicated professionals.

In September 1983 the Army discovered one individual who fraudulently obtained employment as a civilian physician. The individual, Mr. Abraham Asante, was employed at Walson Army Community Hospital, Fort Dix, New Jersey during the period June to September 1983. Mr. Asante claimed to possess a medical diploma from a foreign medical school and a valid state medical license. Subsequent investigation revealed that Mr. Asante's medical diploma was fraudulent; nor did he possess a state medical license, Mr. Asante was tried and convicted in Federal Court on several charges related to his fraudulent employment.

In July, 1984 Army was notified by the State of New York that Captain Abraham Berger, an officer serving on active duty as a physician, possibly possessed a fraudulent diploma from a foreign medical school. Subsequent investigation of the allegation has resulted in charges being preferred against Captain Berger; he is currently awaiting trail by Court Martial. Captain Berger entered active duty in July, 1981. At that time, he presented a medical diploma and certification from the Educational Council of Foreign Medical Graduates.

At the time that Mr. Asante was employed by Walson Army Community Hospital, and at the time that Captain Berger entered active duty, Army Regulations required that physician applicants for civilian employment or active duty present certified true copies of medical diplomas, medical training, and evidence of state licensure or certification from the Educational Council for Foreign Medical Graduates if applicable Captain Berger presented all documents required by Army Regulations. These documents appeared valid and were not questioned. Mr. Asante did not present the required documents but was allowed to begin employment on the basis of his statement that they would be provided as soon as he obtained certified copies.

Since the investigation at Fort Dix, Army has strongly reiterated its policy that copies of applicable medical education, training and licensure be provided prior to employment or entrance on active duty as a physician. In addition, Army now requires that the validity of each document submitted be verified, either telephonically or in writing, with the applicable educational training or licensing organization prior to employment or entrance on active duty.

The investigation of Captain Berger has resulted in the Army's conducting a 100 percent audit of all active duty and civilian physicians now employed by Army to verify their educational credentials. The audit is 95 percent complete. No further instance of fraudulent credentials has been discovered.

The Army is acutely aware of the seriousness of fraudulent physicians practicing medicine. The Army has taken steps which will insure, to the extent possible, that only those who are truly qualified to practice medicine will be allowed to practice in Army Medical Treatment Facilities.

I have appreciated this opportunity of appearing before the committee and shall be happy to answer any questions you may have.

Mr. PEPPER. Thank you very much, General. We all understand how this is a multifaceted matter. It affects as many agencies of the government and many State and local agencies and many of

our people. We are anxious to see the maximum coordination among all those who are concerned about this matter, so that we can hope to weed out a lot of these people that are today ripping off and endangering the lives, maybe, of many of our people.

In the first place I was a little puzzled about this advertisement appearing in the New York Times where it appeared on the face, as I read it, of the advertisement that you weren't expected to go to school but could get a medical degree it seemed to me without necessarily going to school. That seemed to have been cited to these people who wrote in, something like that being a possibility.

So I wouldn't think that a great paper like that would be anxious to lend its great columns and its great probity to that sort of an invitation. Just like if I can sell you cocaine cheaper than you are getting it for because I have got a good source of supply and imagine taking an ad like that and putting it in the paper. They wouldn't accept it. So I am somewhat concerned. I would like the staff to inquire from some of these publications that have been carrying these ads as to whether they don't check to see if there is any probable fraud involved so that they wouldn't want to be party to perpetuation on a fraud of other people.

Do you have any questions, Mr. Wyden?

Mr. WYDEN. I do, Senator. Thank you.

Just a couple of questions to you, General Geer. The question that I want to ask deals with how you have changed the validation process since these two instances that we have been told about, the Asante case and the *Berger* case. The Asante case is just mind-boggling. The Army missed him twice. The American Medical Association Department of Investigation knew that he was a fraud in 1974. He got one position with the Army in 1976, and then went into the private sector, then back into the Government in 1983. It is just a staggering case.

You have said in your testimony that you went back and did a 100-percent audit of all the educational credentials and of the qualifications of the people who are now with you. I think that is very good and helpful. What I am most interested in, however, is what are you doing to change the validation process now so that we won't have more people like Mr. Asante and allegedly the same thing in the Berger case coming into the service.

General GEER. Some of these details are included in the written statement, and I skipped over it. But basically we have found out from this that you can use a false educational document to obtain, in fact, a true document subsequently. So we are going back to obtain verification from the educational institution that, in fact, that individual did graduate and that they consider their diploma valid.

Mr. WYDEN. Do you do anything beyond that when the institution is unaccredited?

General GEER. To the best of my knowledge, we are only accepting the same schools that the Educational Commission on Foreign Medical Graduates from the WHO list. We, obviously, have the same problems that have been outlined by some of the previous witnesses in that if you have someone in those institutions who is in collusion and willing to sacrifice the ethical standards of our

profession in terms of verifying the credential, the document that that school produces, I think that there is still some risk.

Mr. WYDEN. I think the risk is beyond the collusion, though. You are still taking at face value the word of an institution that is unaccredited and I particularly want to see you shake up that validation process.

I think it is helpful for you to go back and look beyond the word of someone recommending somebody to the institution itself, but I think we have got to do more than just take the word of unaccredited institutions.

Do you agree?

General GEER. That is still a problem. I would like to make one additional comment and that is that the fact that an individual has a valid license still does not justify just turning them loose without appropriate supervision and I think that the second episode here indicates the fact that adequate supervision can prevent an inappropriately educated individual from doing harm.

Mr. WYDEN. Well, it is late. I think what I would like to see for the record is how you have changed the process of validating these educational credentials from the time when the Asante and the Berger case came up because I think we need a real shake-up. We need to do some fundamentally different things.

The Asante case just, I think, has to chill people's blood. That is just almost beyond belief. They missed him twice after having noticed for 9 years that the individual was an imposter.

So we are going to have to shake up this validation process and we are happy to work with you.

I have one other question, Mr. Chairman. Mr. Morey, going to the question of being able to prosecute individuals in these instances of fraud and whether there ought to be other statutes on the books besides just the mail fraud laws.

It is my understanding that it is a Federal offense for Medicare or Medicaid beneficiaries to present false ID in order to get program benefits. Isn't that correct?

Mr. MOREY. That is correct.

Mr. WYDEN. Wouldn't it make sense then to make it a separate felony for a medical provider to present false credentials?

Mr. MOREY. That would solve a lot of our problems, Congressman. We testified last year before the House Ways and Means Committee on H.R. 5989. Some of the ramifications of that legislation that would go a long ways toward resolving some of the problems that we have right now.

Mr. WYDEN. So you would then essentially share my view that there is more to do in terms of insuring that there are the legal tools for prosecutions than just look to the mail fraud statutes we have got on the books.

There are other things that we ought to be doing.

Mr. MOREY. That is correct. I would agree with you.

Mr. WYDEN. I have no further questions, Mr. Chairman.

Mr. PEPPER. Thank you very much.

Gentlemen, we thank you warmly for your valuable contribution.

Next I call on Mr. Bill Halamandaris, our chief counsel. Is there anything you would like to put in the record?

Mr. HALAMANDARIS. Senator, with your permission, we would like the record to include material that is on exhibit and other supporting documents obtained by staff.

Mr. PEPPER. Without objection, they will be received.

[See appendix for material referred to.]

Mr. PEPPER. Any other material?

[No response.]

If not, this has been a valuable hearing and we hope it will invite coordinated effort on the part of all the agencies, Federal and State, that are concerned with this matter to prevent this kind of thing from being put off on the people of this country.

The hearing is concluded.

[Whereupon, at 1:40 p.m., the hearing was adjourned.]

APPENDIX 1

A GUIDE TO THE ESSENTIALS OF A MODERN MEDICAL PRACTICE ACT

Revised Edition~~, 1977~~, 1984

The Federation of State Medical Boards of the United States, Incorporated, and its members boards have long recognized the need for A GUIDE TO THE ESSENTIALS OF A MODERN MEDICAL PRACTICE ACT. The initial GUIDE was published in 1956 and revised in 1970 and 1977. Its stated purposes were:

1. to serve as a guide to those states which may adopt new medical practice acts or may amend existing laws; and
2. to encourage the standardization of requirements and of regulations to facilitate endorsement.

While the original GUIDE and the ~~1970~~ revisions served a useful purpose, changes in medical education, in the practice of medicine, and in the ~~increasing awareness on the part of the medical profession of its responsibility for self-regulation~~ diverse responsibilities which face the medical boards necessitate the writing of another revision. Legislation that fails to recognize these changes ~~can be unduly restrictive~~ fails to meet the needs of the public. In the original GUIDE, the intent was "to facilitate reciprocity and endorsement." The need for this still exists despite the ~~recent~~ improvements in endorsement due to the acceptance of a uniform examination (FLEX). ~~Other~~ Newer concepts of the practice of medicine, ~~and the trend away from life-long licensure~~ need for appropriate reevaluation of practicing physicians, and other concerns demand legislative attention. Though this revision of the ~~present~~ GUIDE is ~~by no means~~ not ~~intended to be~~ all inclusive and does not address

every issue facing every medical licensing board today. ~~But~~ the ~~authors have~~ Federation has attempted to ~~enunciate~~ offer in it both general principles and specific details ~~based both upon former versions and upon their experience in serving as members of medical licensing boards~~ which will provide a sound approach to the evaluation and revision of medical practice acts.

A GUIDE TO THE ESSENTIALS OF A MODERN MEDICAL PRACTICE ACT

I. PURPOSE OF A MEDICAL PRACTICE ACT

A general statement of policy should constitute a preamble to the Act, and should emphasize the obligations of the licensing board to the public. The preamble might include the following ~~points~~ statements.

Recognizing that the practice of medicine is a privilege granted by legislative authority and ~~is~~ not a natural right of individuals, it is deemed necessary as a matter of policy in the interests of public health, safety, and welfare to provide laws governing the granting of that privilege and its subsequent use, control, and regulation to the end that the public shall be protected against the unprofessional, improper, and incompetent practice of medicine.

II. DEFINITIONS

A. Practice of Medicine Defined:

For the purposes of this Act, a person is practicing medicine if he or she does one or more of the following:

1. ~~(a)~~ Advertises, holds out to the public, or represents in any manner that he or she is authorized to practice medicine in this state.

2. ~~(b)~~ Offers or undertakes to prescribe, give, or administer any drug or medicine for the use of any other person.

3. ~~(c)~~ Offers or undertakes to prevent or to diagnose, correct, and treat in any manner or by any means, methods, devices, or instrumentalities any disease,

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illness, pain, wound, fracture, infirmity, deformity, defect, or abnormal physical or mental condition of any person, including the management of pregnancy and parturition.

4. ~~(d)~~ Offers or undertakes to perform any surgical operation upon any person.

5. ~~(e)~~ Uses, in the conduct of any occupation or profession pertaining to the diagnosis or treatment of human disease or condition, the designation "Doctor," "Doctor of Medicine," "Doctor of Osteopathy," "Physician," "Surgeon," "Physician and Surgeon," "Dr.," "M.D.," "D.O.," or any combination thereof unless such a designation additionally contains the description of another branch of the healing arts for which a person has a valid license in the state.

B. ~~2.~~ Exceptions to the Act~~:~~

1. ~~(a)~~ The Act should not apply to a student in training in a ~~professional~~ medical school approved by the licensing ~~agency~~ board or ~~while~~ engaged in postgraduate medical training under the supervision of the staff of a hospital or other health care facility approved by the licensing ~~agency~~ board for such training, except as stipulated in Section VIII below.

2. ~~(b)~~ The Act should not apply to the provision of service in cases of emergency where no fee or other consideration is contemplated, charged, or received.

3. ~~(c)~~ The Act should not be construed to apply to com-

missioned medical officers of the Armed Forces of the United States, the United States Public Health Service, or medical officers of the Veterans Administration of the United States in the discharge of their official duties and/or within federally-controlled facilities. However, such persons who hold medical licenses in the state should be subject to the provisions of the Act.

4. ~~(d)~~ The act should not apply to an individual residing in another state or country and authorized to practice medicine there, ~~who is~~ when called in consultation by an individual licensed to practice in the state who bears the responsibility for the patient's diagnosis and treatment. However, regular or frequent consultation by such an unlicensed person, as determined by the licensing board, shall constitute the practice of medicine without a license.

5. ~~(e)~~ The act should not be construed so as to interfere with the practice of osteopathy, optometry, chiropractic, psychology, podiatry, dentistry, or nursing as provided by law, or affect or limit in any way the practice of religious tenets of any church in the ministration to the sick or suffering by mental or spiritual means; provided, however, that the act should not be construed to exempt any person from the sanitary and quarantine laws of the state or federal government.

~~(f) The act should not apply to any individual administering a domestic or family remedy to a member of his or her family.~~

III. RECOMMENDATIONS FOR THE ESTABLISHMENT OF THE LICENSING ~~AGENCY OR~~ BOARD AND ITS COMPOSITION

~~There is an increasing trend to departmentalize state governments with the result that many~~ Some states have formed departments of licensure or registration with little or no authority vested in the medical profession. However, physicians should ~~insist upon~~ retain the privilege of licensing and regulating the medical profession with due safeguards to protect the public and ~~the~~ individual physicians from the abuse of this privilege. Regardless of the authority vested in departments of licensure or registration, there should be a separate boards for the licensing and regulation of the medical profession in each jurisdiction. ~~Such a board is herein after referred to as a "licensing agency."~~

The members of the licensing ~~agency~~ board should be appointed by the governor with staggered terms to ensure continuity and they should be subject to removal only when found guilty of malfeasance, misfeasance, or nonfeasance. The majority of the members of the licensing ~~agency~~ board should be ~~practicing~~ licensed physicians who have practiced in the state for a sufficient ~~period of~~ time ~~for them~~ to have become familiar with policies and practice within the state (e.g., five years). The members should be physicians of widely recognized ability and integrity.

The number of members of the licensing ~~agency~~ board will depend upon the needs of the individual state. ~~Should the legislature consider providing for the inclusion of~~ Though public members

should be included on the board, in no case should there be a majority of public members ~~of the licensing agency~~.

The length of licensing board terms should be set to permit the development of effective skill and experience by members (e.g., four to six years). A limit should be set on consecutive terms of service on the board (e.g., two terms).

The board should be authorized to employ an executive secretary or director and other staff, including an adequate staff of investigators, to effectively fulfill its responsibilities under the Act. It should also be assigned appropriate legal counsel by the office of the attorney general and/or be authorized to employ private counsel.

IV. EXAMINATIONS

A. 1. Except as otherwise provided in the Act (See Part VII, below), no person shall receive a license to practice medicine unless he or she ~~shall~~ passes ~~an examinations of his qualifications therefor by and~~ satisfactory to the licensing ~~agency~~ board.

2. The following are recommendations ~~for the conduct of~~ regarding examinations:

(a) The licensing ~~agency~~ board should approve the preparation and administration of examinations, in ~~the~~ English, ~~language on such subjects as the agency~~ which it ~~might~~ deems necessary to test the applicant's fitness to practice medicine.

(b) Examinations should be ~~administered~~ scored in such a

way as to ensure the anonymity of the candidates.

(c) Examinations should be conducted at least semi-annually, provided there are applicants.

(d) ~~The minimum score for passing should be 75.~~ The licensing board should stipulate the score required for passing all examinations.

(e) Fees for admission to examinations should be established by ~~the legislature~~ the licensing board in relation to real costs.

(f) All examinations should be passed within a specific period of time after initial application in this state or any other United States jurisdiction. Specific requirements for further medical education should be established by the licensing board for those seeking to be examined after the established period.

B. Applications for examination must include, but need not be limited to:

1. a recent signed photograph and a set of fingerprints of the applicant;

2. notarized photocopies of all required documents and credentials;

3. a list of all jurisdictions, United States or foreign, in which the applicant is licensed or has applied for licensure to practice medicine or is authorized or has applied for authorization to practice medicine;

4. a list of all sanctions, judgments, awards, settlements,

or convictions against the applicant in any jurisdiction which would constitute grounds for disciplinary action under the Medical Practice Act or the board's rules and regulations;

5. a list of all jurisdictions, United States or foreign, in which the applicant has been denied licensure or authority to practice medicine or has voluntarily surrendered such licensure or authority;

6. a detailed educational history, including program descriptions, places, institutions, and dates of all his or her education beginning with secondary schooling and including all college, pre-professional, professional, and postgraduate education.

C. 1. Any individual found by the board to have engaged in conduct which subverts or attempts to subvert the medical licensing examination process may, at the discretion of the board, have his or her scores on licensing examination withheld and/or declared invalid, be disqualified from the practice of medicine, and/or be subject to the imposition of other appropriate sanctions. The Federation of State Medical Boards of the United States shall be informed of actions taken under this section.

Conduct which subverts or attempts to subvert the medical licensing examination process includes, but is not limited to:

(a) Conduct which violates the security of the examina-

tion materials, such as removing from the examination room any of the examination materials; reproducing or reconstructing any portion of the licensing examination; aiding by any means in the reproduction or reconstruction of any portion of the licensing examination; selling, distributing, buying, receiving or having unauthorized possession of any portion of a future, current or previously administered licensing examination.

(b) Conduct which violates the standard of test administration, such as communicating with any other examinee during the administration of the licensing examination; copying answers from another examinee or permitting one's answers to be copied by another examinee during the administration of the licensing examination; having in one's possession during the administration of the licensing examination any books, notes, written or printed materials or data of any kind, other than the examination distributed.

(c) Conduct which violates the credentialing process, such as falsifying or misrepresenting educational credentials or other information required for admission to the licensing examination; impersonating an examinee or having an impersonator take the licensing examination on one's behalf.

2. The licensing board shall provide written notification to all applicants for medical licensure of the prohibitions

on conduct which subverts or attempts to subvert the licensing examination process and of the sanctions imposed for such conduct. A copy of such notification shall be signed by the applicant and filed with his or her application.

V. RECOMMENDATIONS CONCERNING ~~ADMISSION TO EXAMINATIONS~~ REQUIREMENTS FOR FULL LICENSURE

The Medical Practice Act should establish the following ~~minimal~~ minimum requirements for ~~admission to the examination~~ full licensure:

~~1. The applicant should be at least 18 years of age.~~

~~2. The applicant must be of good moral character.~~

A.~~3.~~ The applicant must possess the degree of Doctor of Medicine (or, when applicable, Doctor of Osteopathy), from a medical (or, when applicable, osteopathic) college or school located in the United States or its possessions or Canada which was approved by the licensing ~~agency~~ board or a private non-profit accrediting body approved by the licensing board at the time the degree was conferred. No person who graduated from a medical school which was unapproved at the time of graduation may be examined for licensure or be licensed in the state based on credentials or documentation from that school nor may such a person be licensed by endorsement.

B.~~4.~~ The applicant must have satisfactorily completed at least 12 months of postgraduate training in an institution in the United States or Canada ~~acceptable to~~ approved by the licensing ~~agency~~ board or a private non-profit accrediting body approved by the licensing board.

C. ~~5.~~ The applicant must be physically and mentally capable of practicing medicine in an acceptable manner and must submit to a mental or physical examination when deemed necessary by the licensing ~~agency~~ board.

D. ~~6.~~ The applicant should not have been found guilty of any conduct which would constitute grounds for refusal, suspension, or revocation of a medical licensee under the regulations of the licensing ~~agency~~ board ~~involved~~ or this Act. This ~~action might~~ restriction may be modified at the discretion of the licensing ~~agency~~ board for cause. This discretionary authority must be used consistently.

E. ~~7.~~ The applicant should make a personal appearance before the licensing ~~agency~~ board or a ~~member~~ representative thereof and should present his or her original credentials for inspection at that time.

F. Application and licensure fees should be designed for the use of the licensing board.

G. The licensing board should establish by regulation a system for verifying the credentials of all applicants for medical licensure. Applicants shall bear the responsibility for demonstrating the validity of their credentials.

VI. GRADUATES OF FOREIGN MEDICAL SCHOOLS

The Medical Practice Act should establish the following ~~minimal~~ minimum requirements, in addition to all of the requirements set forth in Parts IV and V above (other than subparagraph ~~3~~ A of V ~~thereof~~) for ~~admission to the examination~~ full licensure of an applicant who is a graduate of a school of medicine located out-

side the United States or its possessions or Canada;

A.1. The applicant must possess the degree of Doctor of Medicine, Bachelor of Medicine, or the equivalent from ~~an acceptable~~ a medical college or school whose full training program and curriculum are known to and approved at regular intervals ~~as determined~~ by the licensing ~~agency~~ board on the basis of criteria established by the board. Necessary information regarding such schools may be gathered by the board or by a qualified private non-profit body approved by the board with which the board has entered into a written agreement for such a purpose. The information gathering process must include a site visit to the institution and must be paid for by the institution.

B. The applicant must be eligible for unrestricted licensure or authorization to practice medicine in the country in which he or she received the medical degree.

C.2. The applicant must have passed a preliminary screening examination acceptable to the licensing ~~agency~~ board.

D.3. The applicant must have ~~a satisfactory~~ demonstrated command of the English language satisfactory to the licensing board.

E.4. All credentials, diplomas, and other documentation in a foreign language must be submitted accompanied by notarized English translations acceptable to the board.

F.4. The applicant must have satisfied all of the requirements of the U.S. Immigration and Naturalization Service.

G. At the discretion of the board, an AMA fifth pathway program

may be approved by regulation for persons who were citizens of the state prior to their entrance into an approved foreign medical school.

H. No person who studied at or graduated from a medical school unapproved at the time of study or graduation may be examined for licensure or be licensed in the state based on credentials or documentation from that school nor may such a person be licensed by endorsement.

VII. LICENSING WITHOUT EXAMINATION.

A. ~~1.~~ Endorsement. The ~~A~~ licensing ~~agency~~ board may, at its discretion, issue a license by endorsement to an applicant who has complied with all current licensure requirements and who has passed an examination for licensure to practice medicine in any other state, the District of Columbia, a territory of the United States, or Canada, provided that the examination endorsed ~~it~~ was, in the opinion of the ~~agency~~ board, equivalent in every respect to its own current examination.

B. ~~2.~~ Certifying Agency Examinations. ~~A~~ The licensing ~~agency~~ board may, at its discretion, ~~endorse~~ issue a license by endorsement to an applicant who has complied with all ~~of the~~ current licensure requirements and who has passed ~~an~~ the examination of and been certified ~~given~~ by a ~~recognized~~ certifying agency recognized by the licensing board, provided such examination was, in the opinion of the ~~agency~~ board, equivalent ~~in every respect~~ to its own current examination and was not a specialty board examination.

C. ~~3.~~ Temporary ~~and Special Permits~~ Licenses. It may be desirable

to make provision for temporary ~~and limited permits~~ licenses ~~to be in effect in~~ for the interval between licensing ~~agency~~ board meetings in order to meet specific needs. If a ~~special license or a~~ temporary license is issued, it should be subject to a uniform automatic termination date. A temporary ~~permit or~~ license should be issued only to a candidate who is qualified for unrestricted licensure under ~~standards~~ requirements established by the licensing ~~agency~~ board and this Act.

D. Notwithstanding A, B, and C above, the licensing board should require any applicant for licensure without examination who has not been formally tested by a state medical licensing board, an approved certifying agency, or an approved specialty board within a specific period of time before application (e.g., eight or ten years) to pass a written and/or oral examination approved by the board. This examination may be all or part of the board's current licensure examination.

VIII. LIMITED LICENSE FOR PHYSICIANS IN POSTGRADUATE TRAINING

A. All medical graduates in postgraduate training in the state who are not otherwise fully licensed to practice medicine should be licensed on a limited basis for educational purposes. To be eligible for such limited licensure, the applicant should have completed all the requirements for unrestricted licensure except postgraduate education and/or licensure examination. The application for limited licensure should be made through the approved institution which

is to supervise the applicant's postgraduate training and that institution should verify the applicant's fulfillment of the requirements for limited licensure. The demonstrated failure of an approved supervising institution to properly and effectively verify an applicant's fulfillment of the requirements for limited licensure should be grounds for the board, at its discretion, to withdraw or limit its approval of that institution for postgraduate training until such time as the institution can demonstrate to the board's satisfaction the implementation of an effective verification process. Proof of an institution's failure to properly and effectively verify the requirements for limited licensure should be established by the presence in postgraduate training of an individual whose medical or other required documents or credentials are demonstrated to be fraudulent or to have been obtained through fraud, deception, or dishonesty, or by identification of such an individual after the completion of his or her postgraduate training.

B. The licensing board, by regulation, should establish restrictions for the limited license to assure the holder will practice only under appropriate and board approved supervision.

C. The limited license should be renewable annually with the approval of the board and upon the written recommendation of the supervising institution until such time as board regulations require the achievement of unrestricted licensure.

D. The disciplinary sections of this Act should apply to holders of the limited license as if they held the

unrestricted license.

E. The issuance of a limited license should not be construed to imply that an unrestricted license will or must be issued at any future date.

F. Fees for limited licensure should be set by board regulation and be designated for the use of the board.

~~VIII. PERIODIC RENEWAL OF LICENSES~~

~~1. Periodic renewal of licenses should be required.~~

~~2. Fees for renewal of licenses should be determined by the legislature.~~

IX. GROUNDS FOR DISCIPLINARY ACTIONS AGAINST LICENSEES

~~To promote uniform endorsement procedures among the several states, the District of Columbia, and the territories of the United States, mutual agreement on the grounds for disciplinary actions are essential.~~ The Act should provide for latitude regarding the types of disciplinary actions the ~~agencies~~ boards are permitted to take; for example, the law should provide for ~~probation and reprimand~~ a range of sanctions in addition to revocation and suspension of licenses. These sanctions should include probation, stipulations, limitations, conditions, fines (including costs), and reprimands. The board should also be authorized to require a licensee to be examined on his or her medical knowledge and skills should the board have reason to believe the licensee is or may be deficient in such knowledge and skills.

The licensing ~~agency~~ board should be empowered to take disciplinary action for unprofessional or dishonorable conduct which

~~shall mean~~, among other things, shall mean but not be limited ~~because of enumeration~~ to:

A. ~~1.~~ Fraud or misrepresentation in applying for or procuring a license or in connection with applying for or procuring periodic reregistration.

B. Cheating on or attempting to subvert licensing examinations(s).

C. ~~2.~~ The commission or conviction of a felony, whether or not related to the practice of medicine, or the entry of a guilty or nolo contendre plea to a felony charge.

D. ~~3.~~ Becoming addicted or habituated to a drug or intoxicant. ~~to such a degree as to render the licensee, in the opinion of the board, unable to practice medicine or surgery with reasonable skill and safety to patients.~~

E. ~~4.~~ Except as otherwise permitted by law, the prescribing, selling, or administering of any drug legally classified as a narcotic, ~~addicting~~ addictive, or dangerous ~~drug~~ to a habitue or addict.

F. ~~5. Dishonorable, unethical, or unprofessional~~ Conduct likely to deceive, defraud, or harm the public.

G. ~~6.~~ The use of any false, ~~or~~ fraudulent, or deceptive statement in any document connected with the practice of medicine.

H. ~~7.~~ Violation of any of the provisions of the Medical Practice Act or the rules and regulations of the licensing board.

I. ~~8. In case~~ Should any person holding a license to practice medicine be found ~~shall~~ by ~~any final order or adjudication of~~ any court of competent jurisdiction ~~be adjudged~~ to be

mentally incompetent or insane, the license will be automatically suspended by the licensing ~~agency~~ board, and anything in the act to the contrary not-withstanding, such suspension shall continue until the licensee is found or adjudged by such court to be restored to competency or until he or she is duly discharged in any other manner provided by law.

~~J.9.~~ The practice of medicine under a false or assumed name.

~~K.10.~~ Making a false or misleading statement regarding his or her skill or the efficacy or value of the medicines, treatment, or remedy prescribed by him or her or at his or her direction in the treatment of any disease or other condition of the body or mind.

~~L.11.~~ Representing to a patient that a manifestly incurable condition of sickness, disease, or injury can be cured.

~~M.12.~~ Wilfully or negligently ~~divulging a professional secret~~ violating the confidentiality between physician and patient.

~~N.13.~~ Aiding or abetting the practice of medicine by an unlicensed person.

~~O.14.~~ Gross negligence in the practice of medicine.

~~P.15.~~ The ~~suspension or revocation by~~ disciplinary action of another state ~~of~~ or jurisdiction against a license or other authorization to practice medicine based upon acts or conduct by the licensee similar in any way to acts or conduct described in this section. A certified copy of the record of ~~suspension or revocation~~ the action is conclusive evi-

dence thereof.

Q. ~~16.~~ Fee splitting and accepting of rebates.

R. ~~17.~~ Manifest incapacity or incompetence to practice medicine.

S. ~~18.~~ Prescribing a drug for other than ~~generally~~ medically accepted therapeutic purposes.

T. ~~19.~~ Allowing another person or organization to use his or her license to practice.

U. Any sanctions or disciplinary actions taken by a peer review body, hospital or other health care institution, or medical or professional society or association for acts or conduct similar in any way to acts or conduct described in this section.

V. Any adverse judgment, award, or settlement resulting from a medical liability claim related to acts or conduct similar in any way to acts or conduct described in this section.

W. Obtaining any fee by fraud, deceit, or misrepresentation.

X. Failure to report to the board action taken against him or her by another licensing jurisdiction (United States or foreign), by any peer review body, by any health care institution, by any professional medical society or association, by any governmental agency, by any law enforcement agency, or by any court for acts or conduct similar in any way to acts or conduct described in this section.

Y. Failure to report to the board any adverse judgment, settlement, or award arising from a medical liability claim related to acts or conduct similar in any way to acts or conduct described in this section.

XI. PROCEEDINGS FOR REVOCATION, SUSPENSION, PROBATION AND OTHER DISCIPLINARY ACTION

A. A procedure should be enacted placing full discretion and authority in the licensing ~~agency~~ board with respect to revocation, suspension, probation, and other disciplinary actions. Such procedures should separate the licensing board's investigative and judicial functions to assure fairness and should require consistency in the determination of sanctions.

B. In most states, an existing Administrative Procedure Act or Government Law will either be applicable, in whole or in part, or serve as the basis for the procedural provisions of the Medical Practice Act. Among other things, the procedural provisions may provide for investigation of charges by the licensing ~~agency~~ board; notice of the charges to the accused physician; an opportunity for a hearing before the licensing ~~agency~~ board or its examining committee and presentation of testimony, evidence, and argument; subpoena and attendance of witnesses; a record of proceedings; and judicial review by the courts of the state in accordance with the standards established by the state of such review.

C. All final board actions, including license denials, should be promptly reported by the board to the central disciplinary data bank of the Federation of State Medical Boards of the United States. Voluntary surrender of and voluntary limitation(s) on the license to practice medicine should also be reported to the Federation of State Medical Boards of the United States for recording.

XII. ~~XI.~~ LEGAL PROCEEDINGS BY LICENSING ~~AGENCY~~ BOARD

The medical practice act should empower the licensing ~~agency~~ board to commence legal action to enforce the provisions of the Act and to summarily suspend a license prior to a formal hearing when it believes such action is required to protect the public health and safety.

The licensing ~~agency~~ board should ~~maintain a suit for~~ be authorized to obtain an injunction to restrain any person or any corporation or association and its officers and directors from violating the provisions of the Medical Practice Act. Any such person, corporation, or association, and the officers and directors thereof so enjoined should be punishable for contempt for violation of such injunction by the court issuing the same. An injunction ~~should~~ may be issued without proof of actual damage sustained by any person. An injunction should not relieve a person, corporation, or association, nor the officers or directors thereof from criminal prosecution for violation of the Medical Practice Act.

The licensing board should also be empowered to conduct a meeting by telephone conference call for the purpose of summarily suspending a license if a good faith effort to assemble a quorum has failed and the president or executive director of the board believes continued practice by a licensee would be detrimental to the public health or safety. Institution of proceedings for a hearing should be provided simultaneously with the summary suspension. The hearing should be set within a reasonable time of the date of the summary suspension.

XIII. ~~XII.~~ PHYSICALLY OR MENTALLY IMPAIRED PHYSICIANS

A. ~~1.~~ The license of any physician to practice in this state shall be subject to restriction, suspension, or revocation in case of the inability of the licensee to practice medicine with reasonable skill or safety to patients by reason of one or more of the following:

1. ~~(a)~~ mental illness;

2. ~~(b)~~ physical illness including, but not limited to, deterioration through the aging process or loss of motor skill; or

3. ~~(c)~~ habitual or excessive use or abuse of drugs as defined in the Controlled Substances Act (or other similar act), or of alcohol.

B. ~~2.~~ In enforcing this Part ~~XII.~~ XIII, the licensing ~~agency~~ board may, upon probable cause, require a licensee or applicant to submit to a mental or physical examination by physicians designated by the licensing ~~agency~~ board. The results of such examination shall be admissible in any hearing before the licensing ~~agency~~ board, notwithstanding any claim of privilege under a contrary rule or statute. Every person who shall receive a license to practice medicine in this state, or who shall file an application for a license to practice medicine in this state, shall be deemed to have given his or her consent to submit to such mental or physical examination, and to have waived all objections to the admissibility of the results in any hearing before the licensing ~~agency~~ board upon the grounds

that the same constitutes a privileged communication. If a licensee or applicant fails to submit to such an examination when properly directed to do so by the licensing ~~agency~~ board, unless such failure was due to circumstances beyond his or her control, the licensing ~~agency~~ board may enter a final order upon proper notice, hearing, and proof of such refusal. Any licensee or applicant who is prohibited from practicing medicine under this subsection shall at reasonable intervals be afforded an opportunity to demonstrate to the satisfaction of the licensing ~~agency~~ board that he or she can resume or begin the practice of medicine with reasonable skill and safety to his or her patients. Licensure shall not be reinstated, however, without the payment of all applicable fees and the fulfillment of all requirements as if the applicant had not been prohibited.

XIV. ~~XXIV.~~ COMPULSORY REPORTING; INVESTIGATIONS

A. ~~1.~~ Any physician licensed under the act, or the state medical association, or any component society thereof, or any health care institution, or any state agency, or any law enforcement agency, or any court shall, and any other person may, report to the licensing ~~agency~~ board under oath any information such physician, association, society, institution, agency, court, or person may have which appears to show that a physician licensed under the act is or may be medically incompetent or is or may be guilty of unprofessional conduct or is or may be mentally or physi-

cally unable safely to engage in the practice of medicine. A licensee's voluntary resignation from the staff of a health care institution or voluntary limitation of his or her staff privileges at such an institution must be reported to the board by the institution and the licensee under this section. A licensee's voluntary resignation from any professional medical society, association, or organization must be reported to the board by that society, association, or organization and by the licensee under this section.

Any person, physician, institution, ~~organization~~ society, association, or agency required to report under this section who provides such information in good faith shall not be subject to suit for civil damages as a result thereof. A penalty for failure to report should be established.

~~B.~~ Upon receipt of a report pursuant to paragraph ~~1~~ A above, or on its own motion, the licensing ~~agency~~ board may investigate any evidence which appears to show that a doctor of medicine is or may be medically incompetent or is or may be guilty of unprofessional conduct or is or may be mentally or physically unable safely to engage in the practice of medicine.

~~C.~~ Malpractice insurance carriers shall file with the licensing ~~agency~~ board a copy of each suit, complaint, or action against a physician. Licensees not covered by malpractice insurance carriers shall file the same information regarding themselves with the board. Reports as to

the disposition, settlement, or adjudication of all claims shall ~~also~~ be filed with the board for informational purposes and possible action.

D. ~~It is recommended that the above reporting law be incorporated in medical practice acts.~~ After receiving the report, the procedure of the licensing ~~agency~~ board will depend upon the laws concerning administrative hearings and the rules and regulations of the licensing ~~agency~~ board (see Part ~~X~~ XI hereof). ~~Some states may wish to attach a penalty for failure to report, but at present the trend is not in this direction.~~

XV. ~~XIV.~~ PROTECTED ACTION AND COMMUNICATION

~~The medical practice act, or the state law generally with respect to administrative and licensing agencies should provide that~~

A. There shall be no liability on the part of, and no action for damages against, any member of the licensing ~~agency~~ board or any committee thereof for any action undertaken or performed by such member within the scope of the functions of such licensing ~~agency~~ board or committee under the Act or the rules and regulations of the licensing ~~agency~~ board, when acting without malice and in the reasonable belief that the action is warranted~~, or against any person providing information to the licensing agency or a committee thereof when acting without malice in the reasonable belief that such information is accurate~~.

B. Every communication, whether oral or written, made by or on

behalf of any person, firm or corporation to the board or any person designated by it to investigate or otherwise hear matters relating to the revocation, suspension or other restriction on a license or the limitation on or other discipline of a licensee, whether by way of report, complaint, or testimony, shall be privileged; and no action or proceeding, civil or criminal, shall lie against any such person, firm or corporation by or on whose behalf such communication shall have been made by reason thereof, except upon proof that such communication was made with malice.

C. No part of this section shall be construed as prohibiting the respondent or his or her legal counsel from exercising the respondent's constitutional right of due process under the law, nor to prohibit the respondent from normal access to the charges and evidence filed against him or her as a part of due process under the law.

XVI. ~~XV.~~ DEFINITION OF UNLAWFUL PRACTICE OF MEDICINE - VIOLATIONS AND PENALTIES

It shall be unlawful for any person to do or perform any act which constitutes the practice of medicine as defined herein without first having obtained a license to practice medicine.

~~It is recommended that~~ A person, corporation, or association ~~which violates~~ violating the provisions of ~~a~~ the Medical Practice Act or an officer or director of a corporation or association causing or aiding and abetting such violation, shall be deemed guilty of a felony~~, and upon conviction~~

~~thereof shall be punished by imprisonment for a term not exceeding two years or by a fine not exceeding $1,000.00 or both such fine and imprisonment.~~

XVII. ~~XVI.~~ ~~ANNUAL~~ PERIODIC REREGISTRATION

A. ~~It is recommended that~~ The Medical Practice Act should require ~~annual~~ periodic reregistration of licenses, the fees ~~for this~~ being determined by the licensing ~~agency~~ board within limits established by the legislature and being designated for the use of the board. At the time of periodic reregistration, the licensing board should require the licensee to demonstrate to its satisfaction his or her continuing qualification for medical licensure. To fulfill this requirement, the licensee should report to the licensing board all actions taken against him or her by any jurisdiction or authority (United States or foreign) which licenses or authorizes the practice of medicine, by any peer review body, by any health care institution, by any professional medical society or association, by any law enforcement agency, by any court, or by any governmental agency for acts or conduct similar in any way to acts or conduct described herein as grounds for disciplinary action. The licensee should also report any adverse judgments, settlements, or awards against him or her arising from professional liability claims relating to acts or conduct similar in any way to acts or conduct described herein as grounds for disciplinary action. The licensee should also report his or her: 1) voluntary surrender of or voluntary

limitation(s) on any license or authorization to practice medicine in any jurisdiction, including military, public health, and foreign; 2) denial of a license or authorization to practice medicine by any jurisdiction, including military, public health, and foreign; 3) voluntary resignation from the medical staff of any health care institution; 4) voluntary limitation on medical staff privileges at any health care institution; 5) and voluntary resignation or withdrawal from any professional medical society, association, or organization. In addition, the licensee should state whether or not he or she has ever been addicted to or treated for addiction to alcohol or any chemical substance, and whether or not he or she has had any physical or mental illness within the registration period. Continuing medical education and other forms of professional maintenance and/or evaluation, including specialty board certification or recertification, completed within the registration period should also be reported. At its discretion the licensing board may require continuing medical education for license reregistration and may require documention of that education. ~~It is further recommended that the licensing agency require continuing education and/or evidence of continuing competence for reregistration. (Specialty board recertification or other acceptable documentary evidence shall be supplied at appropriate intervals as determined by the board.)~~

B. The application form for license reregistration should be

designed to require the licensee to update and/or add to the information in the board's file relating to the licensee and his or her professional activity, and to report all of the information required by paragraph A above. The application form should be signed by the licensee and notarized. Failure to report fully and correctly should be grounds for disciplinary action.

C. The licensing board should establish an effective system for reviewing all reregistration forms. The board may initiate investigations and/or disciplinary proceedings based on information submitted by licensees for license reregistration.

XVIII. ~~XVII.~~ PHYSICIANS' ASSISTANTS

The medical practice act should contain a section providing for the certification, registration, and regulation of physicians' assistants. The following guide might prove ~~to be~~ helpful:

A. ~~1.~~ Definitions. For purposes of this Part, the following terms shall have the meanings given them below:

1. ~~(a)~~ "Licensed physician" means a physician licensed to practice medicine in this state.

2. ~~(b)~~ "Physician's assistant" means a skilled person certified by the board as being qualified by academic and practical training to provide patient services under the supervision and direction of the licensed physician who is responsible for performance of that ~~assistant~~ person.

B. ~~2.~~ Administration: The state licensing ~~agency~~ board shall

enforce and administer the provisions of this Part.

C. ~~B.~~ Certification and Registration as Physician's Assistant; fees:

1. ~~(a)~~ No person shall perform or attempt to perform as a physician's assistant without first applying for and obtaining a certificate of qualification from the licensing ~~agency~~ board and having his or her employment registered in accordance with board regulations.

2. ~~(b)~~ An applicant for a certificate of qualification as a physician's assistant shall complete application forms prepared and furnished by the licensing ~~agency~~ board and pay a fee not to exceed $_____ but sufficient to defray the cost of processing the application, which fee is not returnable. Upon being duly certified by the licensing ~~agency~~ board, the applicant shall have his name and address and other pertinent information enrolled by the board on a roster of physician's assistants.

3. ~~(c)~~ Each certified physician's assistant shall annually registar his employment with the licensing ~~agency~~ board, stating his name and current address, the name and office address of both his employer and the supervising licensed physician and such additional information as the licensing ~~agency~~ board deems necessary. Upon any change of employment as a physician's assistant, such registration shall automatically be void. Each annual registration or reregistration of

new employment shall be accompanied by a fee set by the board, in an amount not to exceed $_____.

D. ~~4.~~ Denial, suspension or revocation: The licensing ~~agency~~ board may deny or suspend any registration or deny or revoke any certificate of qualification, upon the grounds hereinafter specified: (The grounds for denial, suspension, or revocation of certification of physician's assistants would generally be similar to the grounds for such disciplinary actions against licensed physicians (see Part ~~IX~~ X above).

E. ~~5.~~ Rules and Regulations. The licensing ~~agency~~ board may adopt and enforce reasonable rules and regulations:

1. ~~(a)~~ Setting qualifications of education, skill, and experience for certification of a person as a physician's assistant and providing forms and procedures for certificates of qualification and for annual registration of employment; and

2. ~~(b)~~ Examining and evaluating applicants for certificates of qualification as physician's assistants as to their skill, knowledge, and experience in the field of medical care.

3. Establishing critaria for protocols governing the activities of physician's assistants.

F. ~~6.~~ Duties of Physician's Assistants. A physician's assistant shall perform only those acts and duties for which the assistant has been trained and which have been assigned to the assistant by a supervising licensed physi-

cian.

G. ~~7.~~ Responsibility of Supervising Physician. Every physician using, supervising, or employing a registered physician's assistant shall be individually responsible and liable for the performance of the acts and omissions of the physician's assistant. Nothing herein shall be construed to relieve the physician's assistant of any responsibility and liability for any of his own acts and omissions. No physician may have under his supervision more than two currently registered physician's assistants.

XIX. ~~XVIII.~~ RULES AND REGULATIONS OF LICENSING ~~AGENCY~~ BOARD

The medical practice act should authorize the licensing ~~agency~~ board to adopt rules and regulations to carry into effect the provisions of the Medical Practice Act.

XX. FUNDING

All fees and fines collected by the licensing board should be specifically designated for the use of the board and should be set at levels adequate to support effective board activity.

DRAFT II

REPORT OF SPECIAL TASK FORCE ON

FRAUDULENT MEDICAL CREDENTIALS

During the past several months the Federation of State Medical Boards as well as the general public has become increasingly aware and concerned about the use of fraudulent educational credentials by individuals practicing medicine in various capacities. The development of this concern has been in response to the findings of an investigation conducted by the U.S. Postal Service concerning a case involving the sale of fraudulent transcripts, diplomas, and other documents from two medical schools in the Dominican Republic. The initial investigation produced a list of approximately 165 people who were suspected of having obtained fraudulent educational credentials. Further investigations by officials in several states and federal agencies uncovered what appears to be a widespread network for promoting the sale and distribution of bogus medical degrees. In New York State alone 527 cases were under active investigation in July and on July 12, 1984 six individuals posing as physicians and employed in hospitals were arrested in New York City on criminal charges of possessing fraudulent medical degrees. Nationwide, the full extent of the problem is unknown. The number of individuals with fraudulent documents, however, may be between a few hundred and several thousand.

In response to the issues which were raised concerning fraudulent medical credentials, a resolution was passed at the April 1984 meeting of the Federation of State Medical Boards establishing a Special Task Force to study the problem of invalid, false, or fraudulent educational credentials. The Task Force was charged with the responsibility of developing a proposal for identifying such credentials, protecting against their successful use, exposing their use, and cooperating with state and federal law enforcement agencies in taking appropriate legal action against imposters.

The Task Force met on August 15, 1984 and discussed the major issues and problems with which it must deal. Two major problem areas were identified which related to the use of fraudulent medical credentials from unaccredited (foreign) medical schools. The first of these lies within the purview of licensing agencies and involves individuals who present fraudulent credentials when applying for licensure. The Task Force felt that changes could be made in licensure application forms and procedures which would maximize the opportunity to identify and reject candidates submitting fraudulent or altered documents. For example, the New York State process for reviewing the educational background and educational credentials of foreign medical graduates is extensive and has evolved over a period of 12-15 years. As a result of the effectiveness of the New York system none of the several hundred individuals currently being investigated are licensed as physicians in that state.

The second problem area identified by the Task Force involves individuals who are practicing medicine in a state but who have not applied for licensure. This problem is compounded by the fact that the requirements for practicing medicine in a variety of capacities without full licensure vary markedly from state to state. For example, in Texas all participants in residency training programs must obtain an institutional permit but in New York State participants in approved residency training programs are exempt from licensure and limited permit requirements. Consensus was that this second problem area presented the greatest potential for abuse by individuals presenting fraudulent credentials. This potential is the result of the fact that in many states a variety of agencies, both governmental and private, are responsible for monitoring those individuals practicing medicine outside of the limits of licensing statutes, e.g. ACGME, JCAH, State Health Departments, ECFMG.

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In attempting to deal with the problems which had been identified, the Task Force felt that courses of action should be recommended to state boards. These include - refinement of licensure procedures and forms; expansion of Board authority as defined in the medical practice act, rule or regulation; and an information campaign designed to alert all concerned individuals and institutions of the problems related to the use of fraudulent medical credentials. Action in each of these areas is necessary in order to protect the public health and welfare as well as to protect the integrity of the licensing process.

The specific recommendations which the Task Force has developed and presents to the Board of Directors are:

(1.) Each state board or agency responsible for licensing physicians should establish procedures and application forms which will maximize the opportunity to detect fraudulent credentials.

(a) These requirements should include the presentation of original educational credentials and acceptable translations to document all education above the primary school level. Appendix A provides an example of the types of materials which should be required.

(b) Candidates should provide a complete record of their educational background. This record should include elementary through postgraduate study - Appendix C.

(c) Candidates should provide a chronological listing of all training and employment activities since graduation from medical school - Appendix B.

(d) If any questions arise about a candidate's educational background the educational institution concerned should be contacted directly.

(e) All information concerning a candidate's education and training should be submitted in the form of an affidavit.

(f) An up-to-date photograph and fingerprints should be required of all candidates.

(2.) The Medical Practice Act in each state or the rules and regulations of each Board of Medical Examiners should be expanded to give the Boards the authority to deal with issues related to fraudulent medical credentials. The scope of this authority should include licensure applicants as well as any individual practicing medicine within that particular Board's jurisdiction, e.g. residents, house staff, limited permittees.

(3.) Every state medical board should distribute information concerning the use of fraudulent medical credentials to medical school deans, chairmen of academic departments, directors of medical education, hospitals, and all other concerned individuals and institutions. This is especially important since in many cases individuals with fraudulent credentials may seek employment or hospital privileges without applying for medical licensure.

(4.) All hospitals and other health care facilities should be required to develop well-defined and objective criteria for the evaluation of educational and professional training credentials. These should be developed in cooperation with those state agencies responsible for regulating hospitals as well as the ACGME and JCAH.

(5.) The central office of the Federation of State Medical Boards should function as a clearinghouse and coordinating agency for all inquiries related to the use of fraudulent medical credentials.

This function would include the responsibility of providing concerned, state boards with information about the activities of other private, national, and state agencies.

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APPENDIX A

STATEMENT OF EDUCATION AND CREDENTIALS

The following credentials must be submitted:

A. 1. Secondary school or high school study - Proof may be a transcript, diploma, maturity certificate or leaving certificate.

2. Pre-professional study - Proof of premedical or intermediate science education, such as a transcript and diploma or other valid certificates. Transcripts from institutions in the U.S. must be sent directly from the schools concerned.

3. Professional study - Official detailed transcripts, student book bearing the signature of a responsible authority, examination certificates, or index for ALL professional study. This information must specify exact inclusive dates of attendance.

4. Original medical diploma as awarded. If the diploma is not in English, a translation must be included.

5. Evidence of having passed the medical and English portions of the ECFMG, VQE, or FMGEMS examinations.

6. Documentary evidence of ALL hospital training in the United States and Canada. An official letter should be obtained directly from the director of the hospital indicating the inclusive dates and exact type of employment or training completed.

B. Translations of credentials. Any document that is not in the English language must be accompanied by an acceptable translation. To be acceptable, the translation must include all written and printed matter on the original document.

An Affidavit of Accuracy must accompany the translation. The translator must affirm that s/he has read the entire translation after it has been completed, that the entire document has been translated and nothing has been omitted or added, and that the translation is true and correct.

The translation must be done by a properly qualified translator and submitted in the original. Examples of such translators are listed below, with limitations and requirements.

1. An officer or employee of an official translation bureau or agency which is satisfactory to the Department. Translation Bureaus are usually listed in the classified telephone directories. (The Affidavit of Accuracy must be notarized.)

2. A professor or instructor who is actually teaching the language to be translated in an accredited college or university in the United States. (The type of course being taught must be included in the Affidavit of Accuracy, the Affidavit must be on official school stationery, and it must be notarized.)

3. A consul general or diplomatic representative duly accredited in the United States. (The consul general or diplomatic representative must actually verify the contents of the translation.)

4. A representative of a foreign government agency such as a Ministry of Foreign Affairs. (The representative must actually verify the contents of the translation.)

APPENDIX B

CHRONOLOGICAL LISTING OF ALL TRAINING AND EMPLOYMENT ACTIVITIES SINCE GRADUATION FROM PROFESSIONAL SCHOOL

INSTRUCTIONS: List all activities chronologically since graduation from professional school to the present. Vacation periods, and periods of unemployment must be included.

FROM		TO		Type of Activity, Including Name and Address of Employer, Beginning with Date of Graduation from Professional School
Month	Year	Month	Year	

ATTACHMENT 9

Special Instructions: In the spaces below, give an accurate record of your educational preparation.

SCHOOLS ATTENDED [Give names of schools in original language and translation.]	LOCATION	NUMBER OF YEARS ATTENDED	ATTENDANCE				Diploma or degree obtained [Give title in original language and translation.]
			Semester		Locality		
			Class	Date	Class Completed	Date	
Elementary or Primary School							Proof of completion of elementary school need not be submitted.
Secondary or High School							
Higher and Professional Study							
If Clinical Clerkships were taken in the United States for the third or fourth years of foreign medical school, give the dates and location.							
Postgraduate Study in the U.S.							

Special Professional Qualifications: List any certificates or diplomas with specific dates, for example ECFMG, Diplomate, Specialty Board certificate. Submit all original certificates.)

APPENDIX 2

Medical Education Placement, Inc.

1629 K Street, N.W. o Suite 529 o Washington, D.C. 20006 o Telephone: (202) 296-6728

February 26, 1982

DC

Nashville, TN 372

Dear Dr.

It has been suggested to us by several colleagues of your profession, that we contact you regarding the following matter:

We are in a position to offer you an M.D. degree, through a WHO listed, fully accredited, foreign medical school.

If you feel that you would be interested in obtaining an M.D.degree , please send us a copy of your transcripts (student copy), a resume, and any additional information concerning your educational background, along with your telephone number and mailing address where we can contact you immediately.

Sincerely yours,

Louise Reedy

Louise Reedy
Executive Secretary

LR:vv

EXHIBIT F

APPENDIX 3

IN THE UNITED STATES DISTRICT COURT FOR THE

EASTERN DISTRICT OF VIRGINIA

Alexandria Division

UNITED STATES OF AMERICA	)	
	)	
v.	)	CRIMINAL NO. 83-280-A
	)	
PEDRO DE MESONES	)	

INFORMATION

THE UNITED STATES ATTORNEY CHARGES THAT:

COUNT I

A. At times material to this Information:

1. The defendant PEDRO DE MESONES resided in and did business in the Eastern District of Virginia.

2. The defendant PEDRO DE MESONES used Medical Education Placement, Inc. (hereinafter MEP) to do business. MEP was incorporated by DE MESONES and his wife; and operated from their residence in the Eastern District of Virginia.

3. The business of this company was in pertinent part to: A) obtain admission for students to CETEC and CIFAS; and B) arrange graduation for the students as medical doctors from CETEC and CIFAS.

4. The School of Medicine of the Universidad Centro de Estudios Tecnologicos (CETEC) and Universidad Centro de Investigacion, Formacion y Assistencia Social (CIFAS) are private educational institutions located in the Dominican Republic. Both institutions are empowered by the government of the Dominican Republic to grant medical degrees.

5. CETEC and CIFAS are listed in the World Directory of Medical Schools, published by the World Health Organization (WHO). Inclusion in the Directory is primarily based on a foreign government granting a medical school the right to confer a medical degree.

6. Among other requirements for graduation CETEC requires two years of clinical studies as follows:

Internal Medicine	12-14 weeks
Surgery	12-14 weeks
Pediatrics	6-9 weeks
OB/GYN	6-9 weeks
Psychiatry	6-9 weeks
Electives	Up to 18 weeks

Electives are selected by the student in consulation with faculty members; final approval rests with the Dean of the School of Medicine. Electives in radiology, pathology, anesthesia, ER/traumatology among others, are recommended.

7. Generally to practice medicine or be licensed to practice medicine in the United States foreign medical students must have the following:

a) two credit years of study in basic medical sciences;

b) participation in undergraduate clinical training programs;

c) a medical degree from a World Health Organization listed medical school;

d) examination and certification by the Educational Commission for Foreign Medical Graduates (ECFMG);

e) graduate medical education (residencies); and

f) Passed the Federation Licensing Examination as administered by the state licensing authorities.

9. The ECFMG is an Illinois corporation located in Philadelphia, Pennsylvania. The purposes of the corporation, which is composed of representatives from the American medical community, are in pertinent part to:

a. to promote the advanced study of medicine in hospitals in the United States of America by graduates of foreign medical schools and thereby to assist those graduates in raising the level of medical care and medical education of other countries.

b. to expand, for graduates of foreign medical schools, the educational opportunity in hospitals in the United States.

c. to serve the public interest by a program of education, testing and evaluation of foreign trained physicians which will help assure the public that such physicians are properly qualified to assume responsibility for the care of patients as interns or residents in hospitals in the United States.

d. to evaluate the educational qualifications and medical training of foreign physicians who desire to further their education in the United States and with respect thereto, to verify credentials, to arrange, supervise, and conduct examinations to determine the readiness of such individuals to benefit from education as interns or residents in United States hospitals.

10. The ECFMG examination is designed to assess the medical knowledge of graduates from foreign medical schools who plan to participate in graduate medical education in the United States.

11. An individual who has passed the ECFMG examination and presented a certified copy of a diploma from a WHO listed medical school will be certified as eligible for appointment to an accredited graduate medical education program in the United States.

12. An individual who has passed the ECFMG examination; has received a medical degree from a WHO liated medical school; and has had at least one year of graduate medical education is eligible to take the Federation Licensing Examination (FLEX).

13. The FLEX examination is designed to measure the knowledge and comprehension of basic and clinical medical sciences and to evaluate clinical understanding and competence.

14. All States and the District of Columbia have adopted FLEX as their State medical board examination. Eligibility to sit for the examination is determined by the various participating State medical boards.

R.1. From on or about October 31, 1980 and continuing up to on or about August 31, 1983, in the Eastern District of Virginia and elsewhere, the defendant PEDRO DE MESONES devised and intended to devise a scheme and artifice to defraud:

A. The citizens of the United States of their expectation of assistance, consulation and treatment by competent and qualified medical personnel who were participating in undergraduate medical training because they had completed the basic science requirements of CETEC or CIFAS;

B. The citizens of the United States of their expectation of assistance, consultation and treatment by competent and qualified medical personnel holding medical degrees from CETEC or CIFAS;

C. The citizens of the United States of their expectation of assistance, consultation and treatment by competent and qualified medical personnel who were participating in graduate medical training;

D. Hospitals and other health care facilities of their expectation that statements from CFTEC or CIFAS attesting to the qualifications of its students to participate in undergraduate medical education meant that the students were qualified.

E. Hospitals and other health care facilities of their expectation that medical degrees confered by CETEC or CIFAS meant that the holder had complied with all the requirements of CETEC or CIFAS;

F. The ECFMG of its expectation that applicants for the ECFMG examination and certification would and did meet all the requirements for a CETEC or CIFAS medical degree;

G. State licensing authorities of their expectations that applicants for the FLEX examination had met all the requirements for a CETEC or CIFAS medical degree and for admission to the examination.

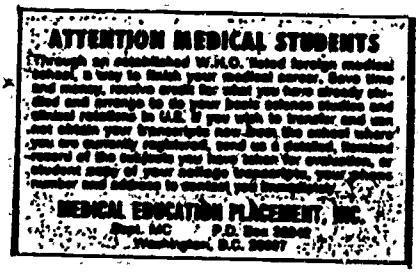
2. It was a part of the scheme and artifice to defraud that the defendant DE MESONES caused the rental of Post Office Box 32242, Washington, D.C. in the name of Medical Education Placement (MEP).

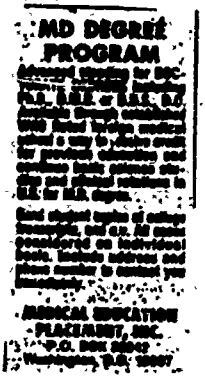
3. It was a further part of the scheme and artifice to defraud that in November 1980 DE MESONES ceused an agreement to

be made with a telephone answering and mail receiving service in the District of Columbia to handle mail and telephone messages for MEP.

4. It was a further part of the scheme and artifice to defraud that the defendant PEDRO DE MESONES incorporated Medical Education Placement, Inc. in the District of Columbia on March 23, 1981.

5. It was a further part of the scheme and artifice to defraud that MEP solicited clients through various means, including, but not limited to advertising in national publications such as The New York Times and the Los Angeles Times, which publications passed via the United States mail into various states; the advertisements stated:





6. It was further a part of the scheme and artifice to defraud that MEP used direct mail solicitations such as the following which was sent to chiropractors.

> "It has been suggested to us by several colleagues of your profession, that we contact you regarding the following matter:
>
> We are in a position to offer you an M.D. degree through a WHO listed, fully accredited, foreign medical school.
>
> If you feel that you would be interested in obtaining an M.D. degree, please send us a copy of your transcripts (student copy), a resume, and any additional information concerning your educational background, along with your telephone number and mailing address where we can contact you immediately."

7. It was a further part of the scheme and artifice to defraud that the defendant DE MESONES would conduct the business of MEP from his residence in the Eastern District of Virginia and would send and receive via the United States Postal Service, mail from individuals who were interested in his services.

8. It was a further part of the scheme and artifice to defraud that the defendant DE MESONES would and did meet or talk with interested individuals during which he explained the services he could perform. There were in excess of 150 interested individuals who became clients and agreed to and did pay fees ranging from $5,225 to $27,000.

9. It was a further part of the scheme and artifice to defraud that the defendant DE MESONES would and did have client documents, including transcripts and clinical rotation evaluations sent to his residence in the Eastern District of Virginia instead of directly to CETEC and CIFAS.

10. It was a further part of the scheme and artifice to defraud that the defendant DE MESONES would and did instruct his clients that if they did not attend medical school for basic sciences, he would provide a set of transcripts from a school other than CETEC or CIFAS which showed that they had in fact taken and passed basic sciences in another medical school.

11. It was a further part of the scheme and artifice to defraud that the defendant DE MESONES would and did forge and alter transcripts for his clients so that they would reflect attendance and course completion at various medical schools.

12. It was a further part of the scheme and artifice to defraud that the defendant DE MESONES would and did cause falsified evaluations of clinical rotations to be prepared for his clients and sent via the United States Postal Service to him for submission to CETEC or CIFAS.

13. It was a further part of the scheme and artifice to defraud that the defendant DE MESONES would and did randomly pick CETEC or CIFAS graduation dates for his clients, without regard as to whether they had satisfied the requirements for graduation.

14. It was a further part of the scheme and artifice to defraud that the defendant DE MESONES would and did have his clients graduate from CETEC without ever attending the school except for the graduation ceremony.

15. It was a further part of the scheme and artifice to defraud that the defendant DE MESONES would and did cause CETEC or

CIFAS to issue:

A. letters of admission;

B. letters of good standing;

C. medical degrees, and

D. transcripts

to his clients without regard to whether they had fulfilled the requirements for them.

16. It was a further part of the scheme and artifice to defraud that the defendant DE MESONES would and did instruct some of his clients to list on their ECFMG and FLEX examination applications starting attendance dates for CETEC which were not true and which often predated the opening of the CETEC.

17. It was a further part of the scheme and artifice to defraud that the defendant DE MESONES would and did tell his clients that when they applied for the FLEX examination they would be questioned about transfer credits, so he would and did have their CETEC transcripts reflect that all course work had been completed at CETEC.

18. It was a further part of the scheme and artifice to defraud that the defendant DE MESONES would and did instruct his clients to falsely represent on ECFMG and FLEX examination applications, that they had performed clinical rotations, when they had not.

19. It was a further part of the scheme and artifice to defraud that the defendant DE MESONES would and did instruct his clients who had chiropractic experience or licenses and who were

applying for admission to the ECFMG and FLEX examinations not to list those items on their examination applications.

20. On or about August 30, 1982 in the Eastern District of Virginia, the defendant PEDRO DE MESONES for the purpose of executing the aforesaid scheme and artifice to defraud and attempting so to do, knowingly and willfully placed and caused to be placed in an authorized depository for mail matter, a letter from the defendant DE MESONES enclosing a blank application to CRTEC to be sent and delivered by the United States Postal Service to Odette L. Bouchard, 575 Main Street, Roosevelt Island, New York, 10044.

(Violation of Title 18, United States Code, Section 1341 and 2).

COUNT II

THE UNITED STATES ATTORNEY FURTHER CHARGES:

A. All the paragraphs of Count One of this Information except Paragraph B20 are hereby realleged and incorporated by reference as though set forth in full.

B. On or about March 12, 1983 in the Eastern District of Virginia, the defendant PEDRO DE MESONES, for the purpose of executing the aforesaid scheme and artifice to defraud and attempting so to do, knowingly and willfully took and received from an authorized depository for mail matter, a letter addressed to PEDRO DE MESONES, 5104 Heritage Lane, Alexandria, Virginia

22311 from Ronald D. Akers, Jr., which letter had been delivered by the United States Postal Service.

(Violation of Title 18, United States Code, Section 1341 and 2).

COUNT III

THE UNITED STATES ATTORNEY FURTHER CHARGES:

A. That from in or about January 1982 and continuing thereafter up and including August 30, 1983, in the Eastern District of Virginia and elsewhere the defendant, PEDRO DE MESONES, a hospital official known to the United States Attorney, not a defendant herein; and clients known and unknown, not defendants herein; and CETEC officials, not defendants herein, did, unlawfully, willfully and knowingly combine, conspire, confederate and agree together with each other to:

violate Title 18, United States Code, Section 1341 (mail fraud).

B. The United States Attorney realleges and incorporates by reference all the Paragraphs of Count I except Paragraph B20 as though fully set forth herein, as describing and alleging the means and methods used to carry out the conspiracy alleged in this Count (Count III).

C. OVERT ACTS

In furtherance of the conspiracy and to effect the objects thereof, the defendant PEDRO DE MESONES and the unindicted co-conspirators: a known hospital official, and known and unknown

clients and CETEC officials performed the following overt acts:

1. On or about August 30, 1982, in the Eastern District of Virginia the defendant DE MESONES sent a blank CETEC application to Odette L. Bouchard via the United States Postal Service.

2. On or about March 12, 1983, in the Eastern District of Virginia, the defendant PEDRO DE MESONES received a letter from a client via the United States Postal Service.

3. On or about April 4, 1983, in the Eastern District of Virginia, the defendant PEDRO DE MESONES sent, via the United States Postal Service, a letter containing a transcript to the client listed in Overt Act 2.

4. On or about May 10, 1983, in the Eastern District of Virginia, the defendant PEDRO DE MESONES received, via the United States Postal Service, a letter containing a check for $5,000.

5. On multiple occasions, the exact dates being unknown, the defendant PEDRO DE MESONES sent an individual, known to the United States Attorney, to Mexican medical schools to get transcripts for his clients.

6. From on or about March 29, 1982 through on or about June 3, 1983 the defendant PEDRO DE MESONES sent cashier's checks totalling $13,750 via the United States Postal Service or otherwise conveyed to the unindicted co-conspirator hospital official.

7. The unindicted hospital official would and did forge or cause to be forged the signatures of the evaluating doctors on CETEC and CIFAS evaluation forms.

8. On or about June 6, 1983 the unindicted co-conspirator hospital officiel sent, via the United States Postal Service, Medical Student Evaluation forms with CIFAS letterhead to the defendant DE MESONES for transmittal to CIFAS.

9. On mulitple occasions, the defendant PEDRO DE MESONES travelled from the Eastern District of Virginia to the Dominican Republic to meet with CETEC and CIFAS officials.

10. On the occasions set forth in Overt Act 9 the defendant DE MESONES brought documents relating to his clients.

11. On dates known to the United States Attorney the defendant DE MESONES directed his clients to travel to CETEC to attend graduation ceremonies.

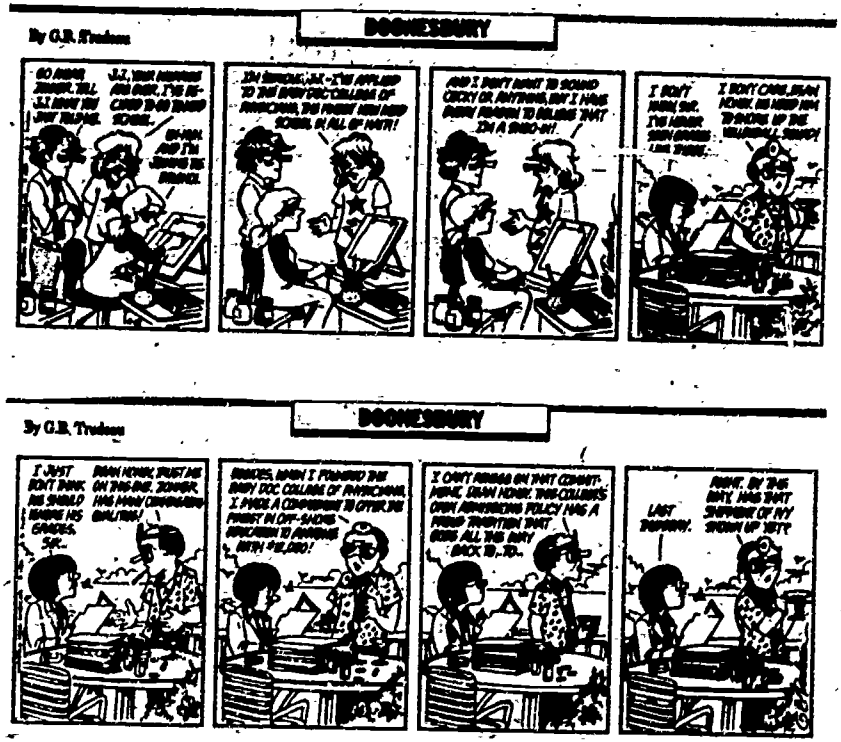
12. On dates known to the United States Attorney the defendant DE MESONES brought medical degrees and supporting documents from CETEC to his clients in the United States. (Violation of Title 18, United States Code, Section 371).

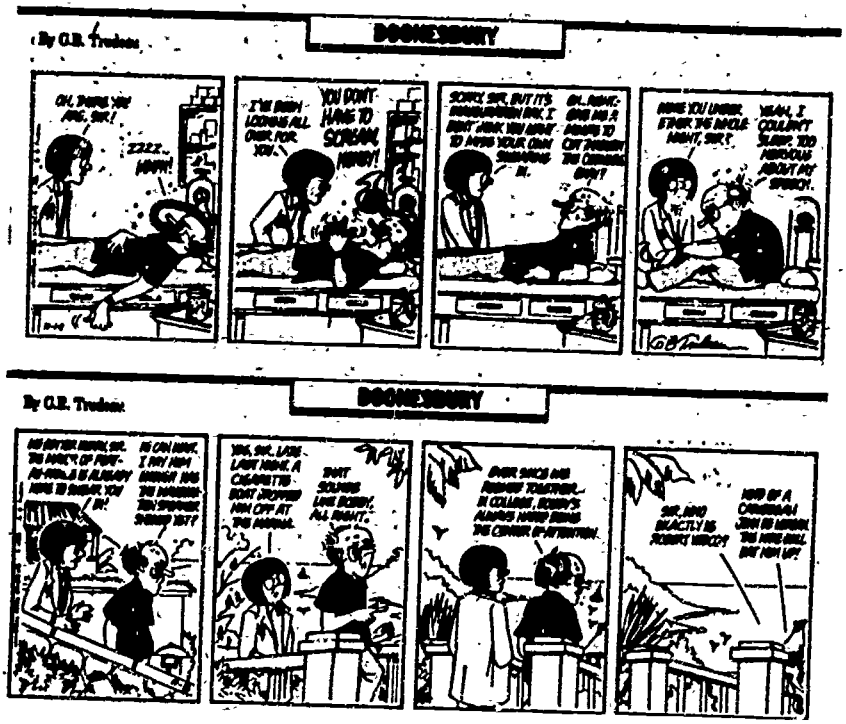
ELSIE L. MUNSELL
UNITED STATES ATTORNEY

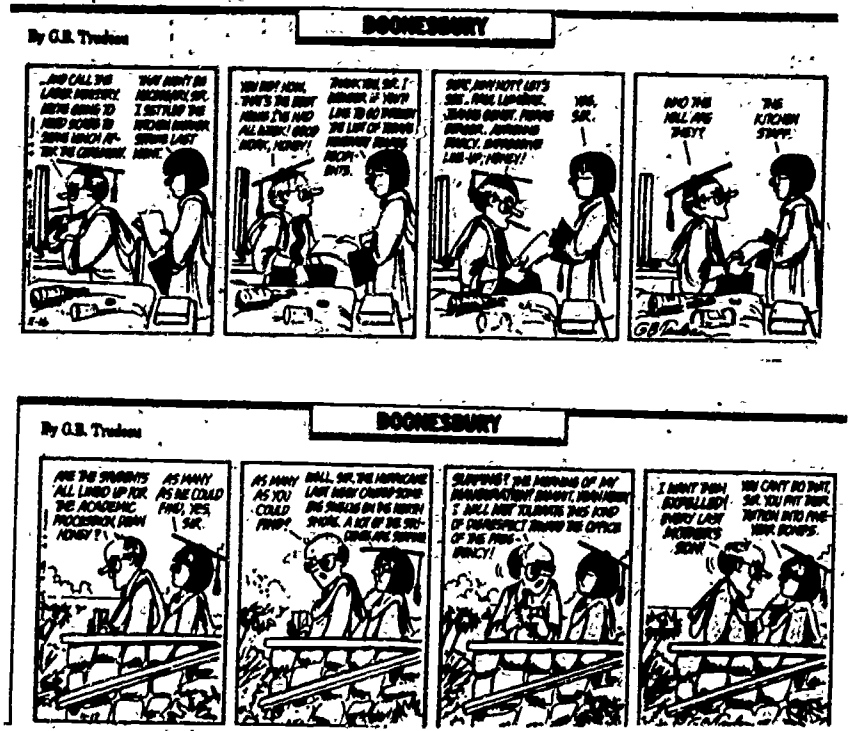
By: _____
Theodore S. Greenberg
Assistant United States Attorney

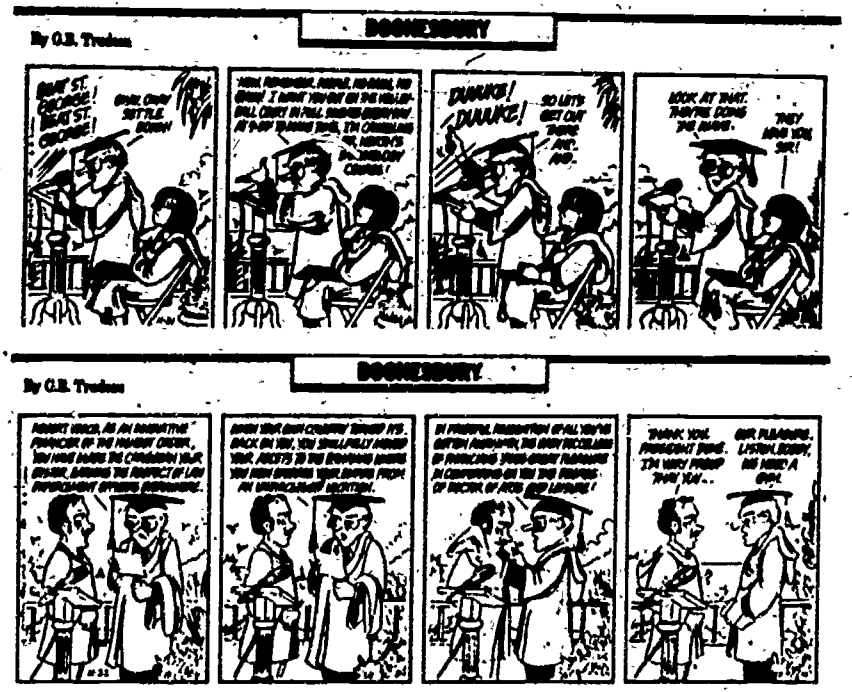
By: _____
Clarence M. Albright, Jr.
Assistant United States Attorney

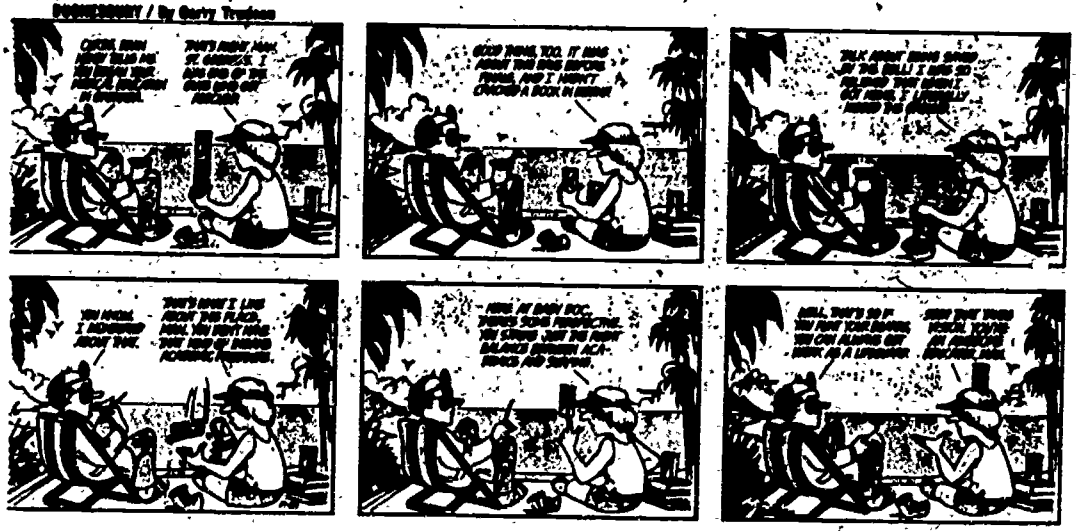
Appendix 4

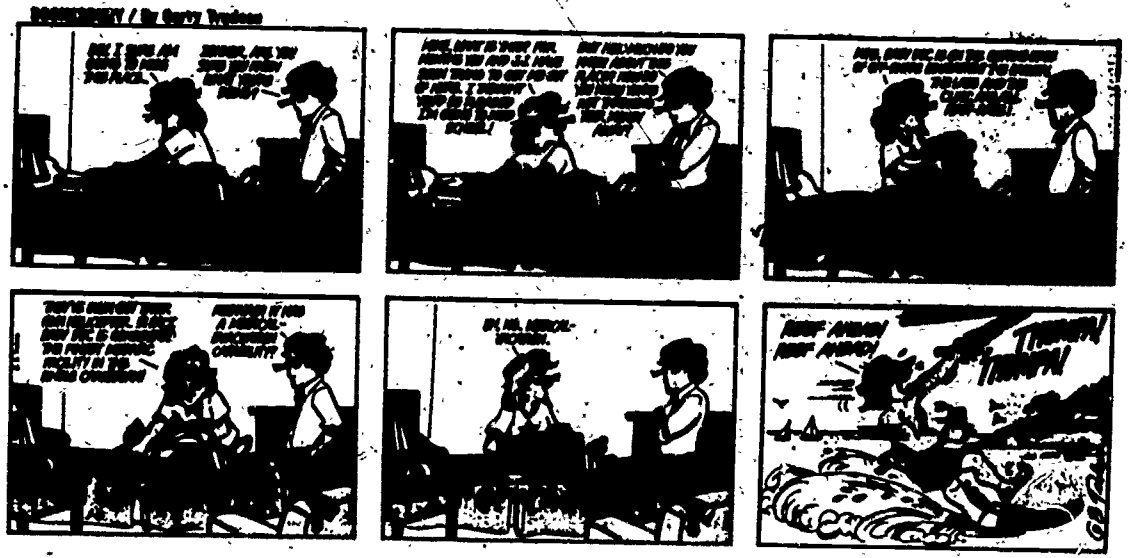












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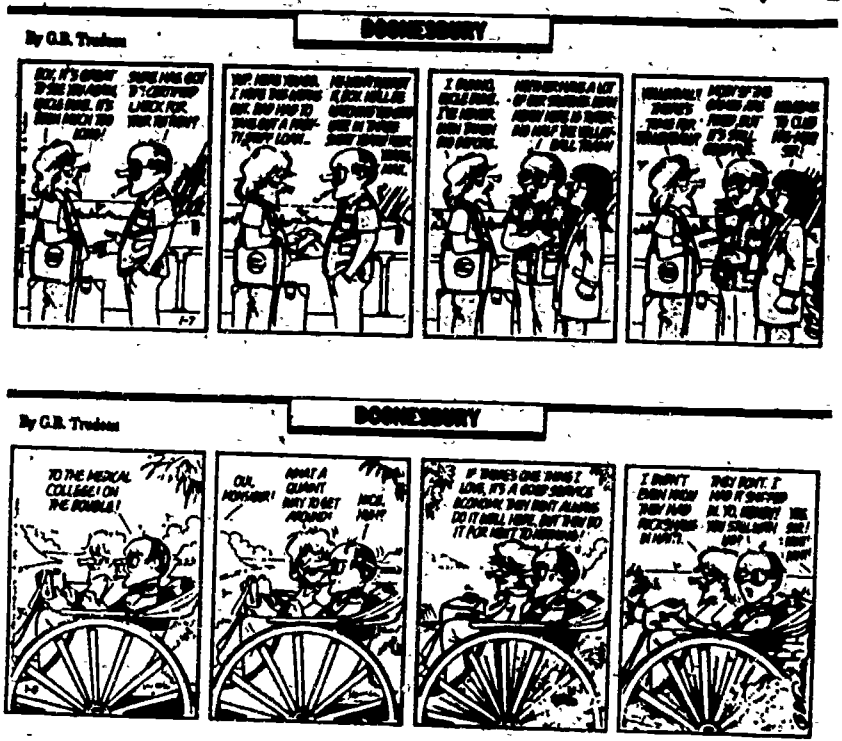
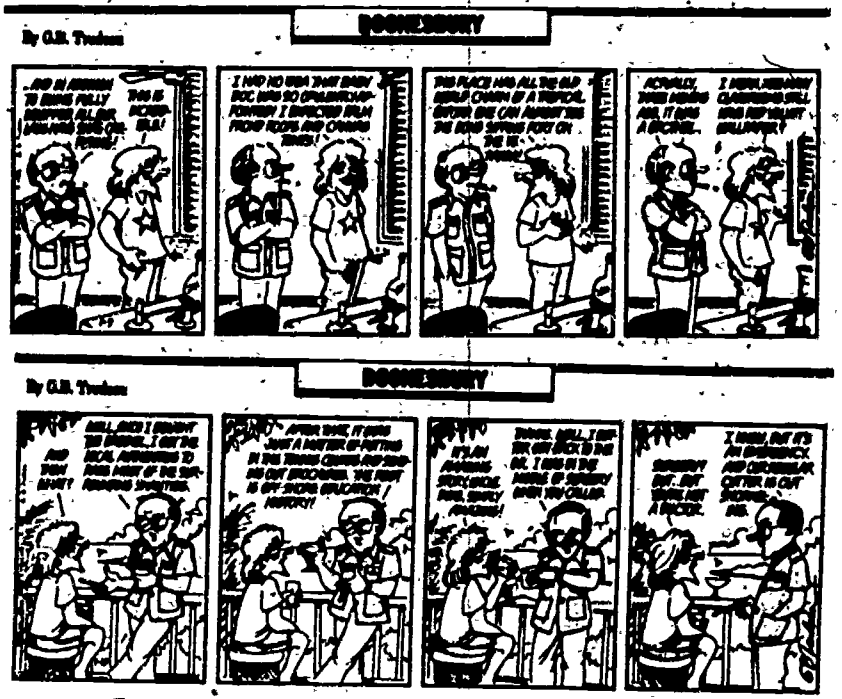
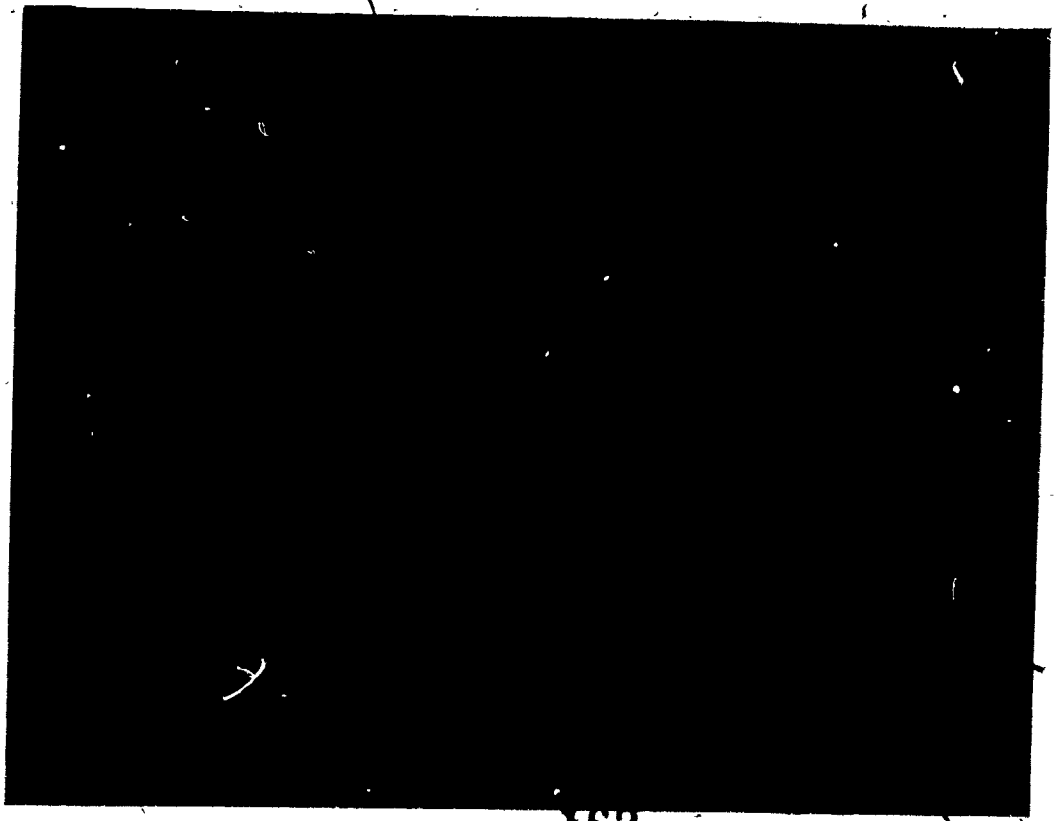
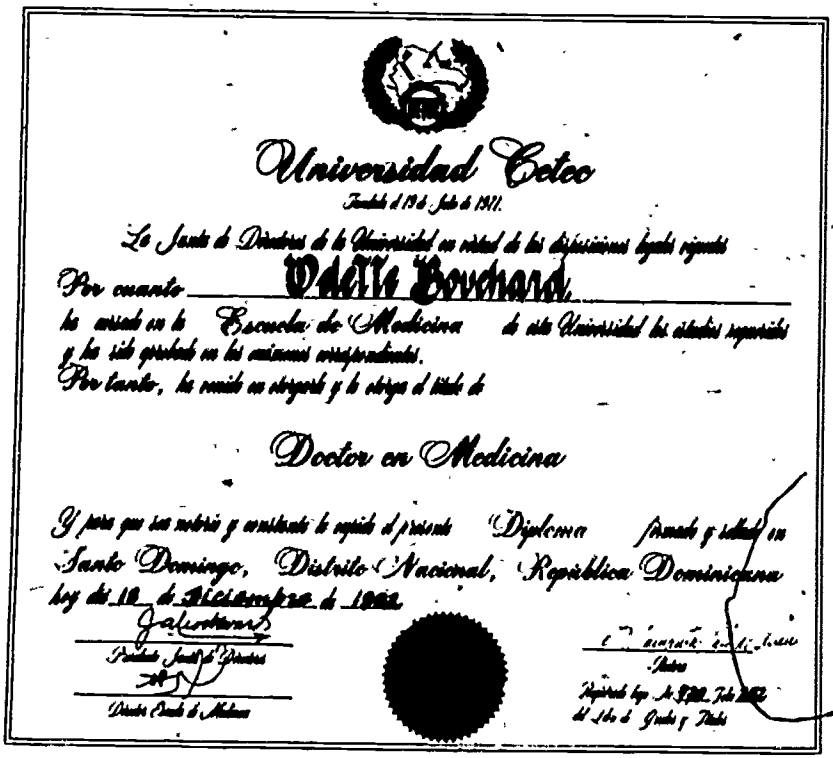








Universidad Cetec

Fundada el 19 de Julio de 1971.

La Junta de Directores de la Universidad en virtud de las disposiciones legales vigentes

Por cuanto Odette Bouchard

ha cursado en la Escuela de Medicina de esta Universidad los estudios requeridos y ha sido graduado en los exámenes correspondientes.

Por tanto, la reconoce en adelante y le otorga el título de

Doctor en Medicina

Y para que sea notorio y reconocido le expide el presente Diploma firmado y sellado en Santo Domingo, Distrito Nacional, República Dominicana hoy día 10 de Diciembre de 1982.

Presidente Junta de Directores

Director Escuela de Medicina

Rector

Registrado bajo No. 8700 Folio 2002 del Libro de Grados y Títulos

THE MEDICAL SCHOOL DIPLOMA OBTAINED BY POSTAL SERVICE UNDERCOVER INVESTIGATOR, ODETTE BOUCHARD

159

Jeannette Maria Sanllley Pou
Intérprete Judicial

I, JEANNETTE MARIA SANLLEY POU, JUDICIAL INTERPRETER of The Court of First Instance of the National District, duly sworn for the legal exercise of my functions;

CERTIFY: that I have proceeded with the translation of a document written in the Spanish language, the English version of which, according to the judgement of the undersigned reads as follows:

(SHIELD OF CETEC UNIVERSITY)

CETEC UNIVERSITY
Founded on July 19, 1971

The Board of Directors of this University, by virtue of the legal dispositions in force: WHEREBY ODETTE BOUCHARD has completed in the SCHOOL OF MEDICINE of this University all the required studies, and has been approved in the corresponding exams.

THEREFORE, has come forward to granting and grants him(her) the title of:

D O C T O R O F M E D I C I N E.

And to make it well known and valid has issued the present Diploma, signed and sealed in Santo Domingo, National District, Dominican Republic, on this eighteenth (18th) day of the month of December of the year nineteen hundred and eighty two (1982).

(signature) J. Alfonso Lockward President
Board of Directors

(signature) Hector Pereyra Ariza Dean

(SEAL OF THE UNIVERSITY)

(signature) Lic. Margarita Paiz de Abreu Rector

Registered under No. 770, Folio 252 of the [illegible]
Grades and Titles.

IN FAITH OF WHICH, I sign and seal this document [illegible] (20th) day of the month of December of the [illegible] and eighty two (1982) in Santo Domingo, National [illegible] Dominican Republic, upon the request of the interested [illegible] from the original document. Registered in my files [illegible]

Jeannette Maria Sanlley Pou
Judicial [illegible] Interpreter
Identif. Card No. 24923, S-1

Internal Revenue Stamps:
1- RD$1.00 No. [illegible]
1- RD$ [illegible]

[redacted]

[illegible] National District, Dom.

More proofs positive of the medical degree obtained by Odette Bouchard. Ms. Bouchard attended no medical classes at Universidad CETEC. Her first trip to the Dominican Republic was to pick up her diploma.

UNIVERSIDAD CETEC

Fundada el 19 de julio de 1971

Santo Domingo, Dom. Rep.
December 18, 1982

TO WHOM IT MAY CONCERN:

ODETTE L. BUCHARD was a regular student at the School of Medicine, in CETEC University, Dominican Republic. He successfully completed his studies and graduated on december 1982

While attending medical school, he participated actively in classes, and he proved to be a hard workin individual in the way he fulfille his academic duties. He has also been very responsible and punctual throughout his academic experience with us.

I recommend him highly for any position that he might be applying at your Institution

Sincerely yours,

Héctor Pereyra Ar[illegible], M. D.
Dean, School of Medicine

CAMPUS I Avenida Tiradentes Esq. Rafael Augusto Sánchez
Tels. 566-0533 – 566-0469

CAMPUS III Avenida Ortega y Gasset Policlínico Naco, Sto. Dgo. D. N.
Tels. 566-0000 – 566-3131

Ms. "Buchard" not only has her name misspelled but her gender changed in this fraudulent letter certifying her participation in the medical school at CETEC.

UNIVERSIDAD CETEC
Founded July 19, 1971
Santo Domingo, Dominican Republic

ACADEMIC RECORD

DATE OF BIRTH	STUDENT NUMBER	SEX	ADMITTED TO
APRIL 25, 1959	82 01 0605	F	SCHOOL OF MEDICINE

STUDENT NAME	DEGREE CONFERRED	DATE CONFERRED
ODETTE [illegible] BOUCHARD	DOCTOR OF MEDICINE	DEC 10, 1982

COURSE NO.	DESCRIPTIVE TITLE	CR.	GR.		COURSE NO.	DESCRIPTIVE TITLE	CR.	GR.	
FIRST SEMESTER					SECOND SEMESTER				
521	HUMAN ANATOMY	10	D	APR	527	NEURO ANATOMY	5	D	APR
524	HISTOLOGY	4	D	APR	531	BIOCHEMISTRY	3	D	APR
525	EMBRYOLOGY	2	D	APR	502	COMMUNITY HEALTH II	3	I	APR
529	GENETICS	3	D	APR	521	HUMAN BEHAVIOR I	4	D	APR
501	COMMUNITY HEALTH I	4	D	APR					
THIRD SEMESTER					FOURTH SEMESTER				
541	MICROBIOLOGY	4	D	APR	561	PHARMACOLOGY	6	D	APR
542	PARASITOLOGY	2	D	APR	571	PATHOLOGY	6	D	APR
551	PHYSIOLOGY	0	D	APR	504	COMMUNITY HEALTH IV (C)	3	A	APR
503	COMMUNITY HEALTH III	3	B	APR	524	HUMAN BEHAVIOR III	4	A	APR
523	HUMAN BEHAVIOR II	4	D	APR					
FIFTH SEMESTER					SIXTH SEMESTER				
572	PHYSIOPATHOLOGY	4	A	APR	631	SURGERY	14	B	APR
601	INTERNAL MEDICINE	10	D	APR					
SEVENTH SEMESTER					EIGHTH SEMESTER				
611	PEDIATRICS	10	D	APR	641	FAMILY MEDICINE	10	D	APR
621	OBSTETRICS & GYNECOLOGY	10	D	APR	651	ELECTIVES	10	A	APR

SYSTEM OF STUDENT EVALUATION

Grade	Value	Student Performance
A	4.0	Superior (90 or above)
B	3.0	Good (80 - 89)
C	2.0	Average (75 - 79)
D	1.0	Subaverage (70 - 74)
F	0.0	Failure (69 or below)
I	-	Incomplete course work
W		Withdrawal by permission
APR	-	Approved
CONV	-	Convalidated

RECORD CERTIFIED BY:
[signature]
REGISTRAR
[signature]
DEAN
12/20/82
DATE

SEAL

FRAUDULENT ACADEMIC RECORD PROVIDED UNDERCOVER OPERATIVE "ODETTE BOUCHARD" BY MR. PEDRO DE MESONES.

BEST COPY AVAILABLE

APPENDIX 7

SUMMARY: ABRAHAM ASANTE

Abraham V. K. Asante is currently serving a twelve-year sentence for aggravated assault at Otisville Federal Prison.

Mr. Asante entered the United States from Ghana in 1968. He became a naturalized citizen in 1978. He posed as a medical student or doctor for almost 15 years, from 1968 through 1983.

He has applied for a number of medical positions in that time and he provided at least three different sets of transcripts, recommendations, etc., which overlap and are contradictory. Among the documents he provided to various prospective employers was information showing that he: (a) studied for and became a nurse-anesthetist in Ghana; or (b) at the same time became a doctor in Ghana; or (c) graduated from Charles University's Medical School in Prague, Czechoslovakia. The real answer appears to be (d) none of the above.

We do know that for most of the period from his entry into the U.S. until 1974 he was able to enter various clinical and resident medical training programs in inner city hospitals in New York City. None of these positions required a medical license. They all required, of course, that the applicant either complete at least two years of medical school or, in some cases, complete 4 years of medical school.

In 1974, Mr. Asante applied to take the Educational Council for Foreign Medical Graduates (ECFMG) test. In theory, passage of this test was a prerequisite for any foreign medical school graduate's eligibility for a hospital residency position and a prerequisite for applying for State licensure.

Asante provided his Czech credentials to the ECFMG. The ECFMG became suspicious and wrote the Czech Embassy for assistance. The Czech Embassy replied in September 1974 that Asante's credentials were a forgery. They had been issued twelve years later than claimed, to another citizen of Ghana. The ECFMG then refused to let Asante take the exam. They also advised two New York hospitals where he had applied for internships and the Department of Investigation of the American Medical Association that Asante was a fraud.

This should have been the end of Asante's medical odyssey, but incredibly, it turned out merely to be a minor setback. Instead of working as an intern at the two hospitals that checked his credentials, he went to work for the military as a full-fledged physician, ultimately rising to Chief Medical Officer, charged with instructing other physicians. He left that position in April 1976. He then appears to have enrolled in a wide variety of continuing education courses for doctors, given by Columbia and New York University Medical Schools.

In 1977 and 1978 Asante appears to have been employed by the Nassau County (NY) Medical Center, and from 1978-81 at the Brooklyn Jewish Hospital.

Perhaps emboldened by his success, he applied to the National Institutes of Health for a position. He was hired as a Medical Fellow at $30,000 per annum and assigned to the Baltimore Gerontological Center of the National Institute on Aging. Although NIH, like its predecessor employers, never checked Asante's credentials, they did release him after six months because he could not produce the prerequisite State medical license.

Asante then applied for and was accepted as staff anesthesiologist at Walson Army Hospital in Fort Dix, New Jersey. He assisted in approximately 70 operations before his odyssey came to an end on August 25, 1983 — almost 9 years after he was known to be a fraud. On that date, he administered anesthesia to 47-year-old Joseph Branda. Branda's heart stopped and Asante did not notice for 4 minutes. By the time the authentic physicians present started Mr. Branda's heart again, he had suffered irreparable brain damage. Mr. Branda will remain in a "persistent vegetative state" for the rest of his life.

Promptly after this operation, the U.S. Attorney in Newark, New Jersey, with the assistance of the Federal Bureau of Investigation, brought Asante to trial where he was convicted.

T E S T I M O N I A L.

This is to certify that the bearer of this, Abraham V.K.Asante, was a pupil in the Kwanyaku Methodist Middle School up to December 1951 where he was awarded the Middle School Leaving Certificate at the end of the year.

He was ambitious and diligent in his studies. Consequently his literary work in class was satisfactory.

I can testify to the discipline he observed at school as being satisfactory because in his final year at school he was appointed the Head Prefect of the whole school by the unanimous vote of the staff and pupils. In that regard also he discharged his onerous responsibility with great credit.

On the score of the above I have no hesitation in commending him into any employment for which he may have the aptitude.

Methodist Middle School,
KWANYAKU,
November 14, 1952.

HEADMASTER

STUDENT'S RECORD

Clauses' Training College- Accra, Ghana Mr. Abraham Van Kojo Asante

Type of Instruction

1) Preliminary Training Class 14 Weeks
(followed by 2 weeks vacation) February - May 1954
2) Weekly study days

Total length of Training 3 years 4 months

Subjects taught -

Chemistry at school

1st Year	Given	Attended
Anatomy and Physiology	112	112
Hygiene	78	76
Junior Nursing (Theory)	74	70
Junior Nursing (Practical)	64	60
First Aid and Bandaging	61	60
History of Nursing	8	8
Dietetics and Cookery (Theory)	11	11
(Practical)	11	11
2nd and 3rd Years:		
Microbiology	12	12
Pharmacology	26	24
Senior Dietetics	43	43
Senior Nursing (Theory)		
(Practical),		
Medicine (including dermatology)	35	35
Communicates Diseases (including Tuberculosis)	13	13
Veneral diseases	3	3
Surgery (including Orthopaedics and Urology)	37	34
Gynaecology	18	16
Ear , Nose, & Throat	8	8
Ophthalmics	11	11
Paediatrics	12	12
Theatre Work (Theory)	10	10

Nursing Classes include instruction in Nursing Ethics and Professional Etiquette

2) Preliminary State Examination (at the end of one Years' Training)

Anatomy & Physiology
Hygiene
First Aid
Junior Nursing

(85% of all lectures have to be attended before the Candidate can sit for the examination).

Final State Examination

Senior Nursing
Medicine and Medical Nursing
Surgery and Surgical Nursing

Passed January - 1958

Lic. No. 845

Special Subject s

Psychiatric Nursing : This is a separate form of training in Ghana, and has not been undertaken by Mr. Asante

Obstetrics : This is also a separate form of training, classing only for females , which has not been undertaken by Mr. Asante

Practical Instruction in Hospital:

February -1954- May -1958 (36 months 25 days)

Vacation periods total 45 days (15 days per year)

Sick leave total 5 days

Working period 35 months 2 days

Wards and Departments: Ghana Hospital - Korle Bu Accra

Medical and Tuberculosis	6 months 20 days
(Tuberculosis 2½ months)	
Surgical:	6 months
Childrens'	3 months 10 days
Orthopaedic	5 months
Male Genito-Urinary	5 months
Theatre	6 months
Out-patients' Department	3 months 2 days
	35 months
Night Duty	9 months
Day Duty	26 months 2 days

Nursing Classes include instruction in Nursing Ethics and Professional Etiquette

2) Preliminary State Examination (at the end of one Years' Training)

Anatomy & Physiology
Hygiene
First Aid
Junior Nursing

(85% of all lectures have to be attended before the Candidate can sit for the examination).

Final State Examination

Senior Nursing
Medicine and Medical Nursing
Surgery and Surgical Nursing

Passed January - 1958
Lic. No. 845

Special Subject s

Psychiatric Nursing : This is a separate form of training in Ghana, and has not been undertaken by Mr. Asante

Obstetrics : This is also a separate form of training, classing only for females , which has not been undertaken by Mr. Asante

Practical Instruction in Hospital:

February -1954- May -1958 (36 months 25 days)
Vacation periods total 45 days (15 days per year)
Sick leave total 5 days
Working period 35 months 2 days

Wards and Departments: Ghana Hospital - Korle Bu Accra
Medical and Tuberculosis 6 months 20 days
(Tuberculosis 2½ months)

Surgical	6 months
Childrens'	3 months 10 days
Orthopaedic	5 months
Male Genito-Urinary	5 months
Theatre	6 months
Out-patients' Department	3 months 2 days
Night Duty	35 months
Day Duty	9 months
	26 months 2 days

Post -Graduate Experience

January 20, 1950- July 31, 1967- 180 months

Vacation 20 days

Sick leave- Nil

Working period 160 months

He was stationed in th Keta Hospital as Departmental head in November 1957- January 1958. Was transfered to Koforidua Hospital in January 20, 1958 as Theatre in charge until March -1964.

Mr. Asante passed the states entrance examination and entered Kumasi Central Hospital, School of Anesthesia held in January-1964. In his course of study in the School of Anesthesia, he was one of the best students. He passed the Final State Examination for Nurse Anesthetist held in August-1965, with 95% of the total marks.

Mr. Asante was working as a Staff Nurse Anesthetist, ath the Ghana Hospital Sunyani B/A under Accra. He left for further studies in the United States of America (New York)

MINISTRY OF HEALTH,
P. O. BOX NO. 145,
SUNYANI.

TO WHOM IT MAY OR DOTH CONCERN.

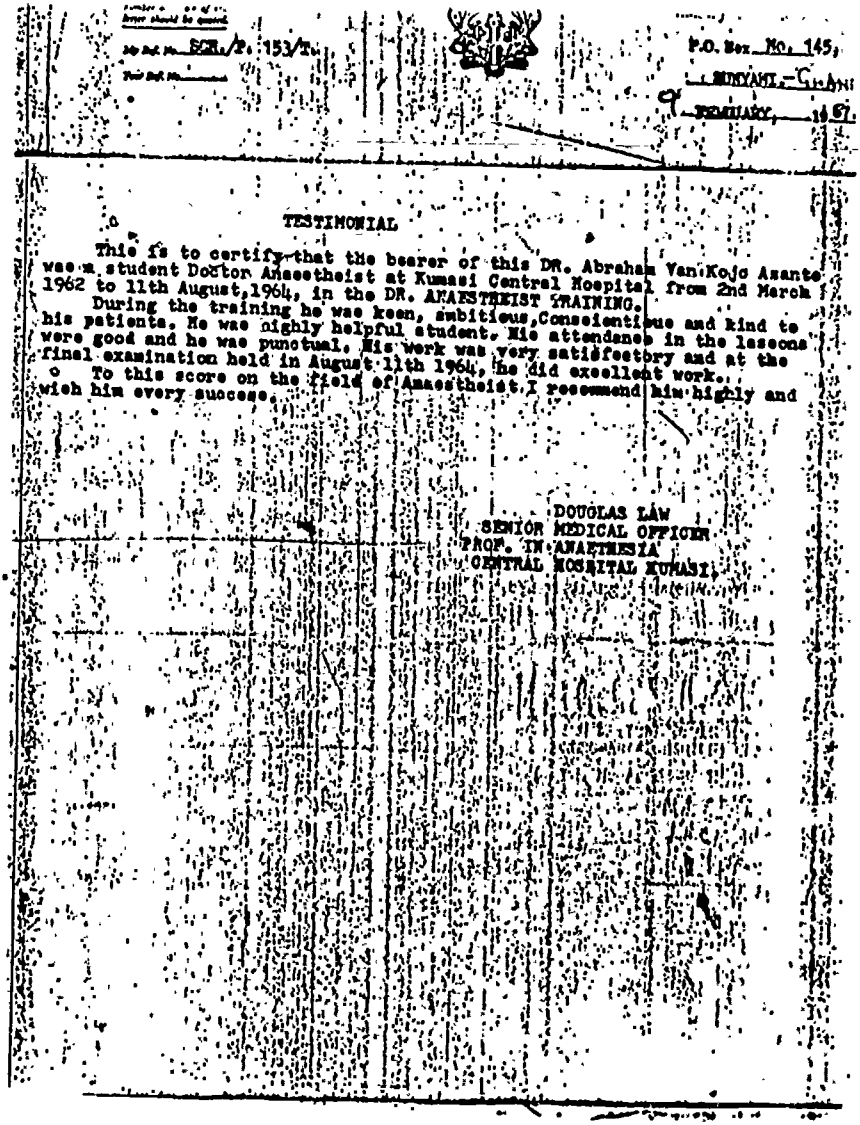
This is to certify that I have known Mr. Abraham Van Kojo Asante, Nurse Anaesthetist of Sunyani Government Hospital for the past 3 years.

Mr. Asante is kind and of a pleasant disposition. He is hardworking, enthusiastic and devoted to his work; loyal and helpful to all those who approach him asking for help. He possesses a fine sense of responsibility; his organising capacity and his general behaviour are also very good.

I have no hesitation, therefore, in recommending him to any one who requires his services.

Date this 22nd day of November, 1966.

SENIOR EXECUTIVE OFFICER.



Your Ref. No. SCH./P. 153/T.

P.O. Box No. 145,
KUMASI, GHANA
9th FEBRUARY, 1965.

TESTIMONIAL

This is to certify that the bearer of this DR. Abraham Van Kojo Asante was a student Doctor Anaesthetist at Kumasi Central Hospital from 2nd March 1962 to 11th August, 1964, in the DR. ANAESTHEIST TRAINING.

During the training he was keen, ambitious, Conscientious and kind to his patients. He was highly helpful student. His attendance in the lessons were good and he was punctual. His work was very satisfactory and at the final examination held in August 11th 1964, he did excellent work.

To this score on the field of Anaesthetist I recommend him highly and wish him every success.

DOUGLAS LAW
SENIOR MEDICAL OFFICER
PROM. IN ANAESTHESIA
CENTRAL HOSPITAL KUMASI.

In case of reply, the number and date of this letter should be quoted.

Our Ref. No. SCR./P. 153/T.

Your Ref. No.

Ministry of Health
P.O. Box No. 145,
SUNYANI, Ghana
9 January, 1967.

TESTIMONIAL

DR. A.V.K.ASANTE was appointed as a Doctor on 1st June, 1959 and passed a final Qualifying Examination on 28th January, 1960. He then took the Anaesthetist course in 1962 from March to August, 1964.

He was promoted to the grade of Doctor Anaesthetist on 30th July, 1965.

I have known DR.Asante for a period of 2 years. During this period he has discharged his duties with efficiency beyond that expected of a new anaesthetist. He has a pleasant personality and is anxious to learn.

I recommend him for further training in any Medical Institution.

Nicholas Adoli
SENIOR MEDICAL OFFICER I/C,
BRONG-AHAFO REGION, GHANA.
(DR. N. A. DE-HEER)

M.B. B.S. (Lond)
L.R.C.P. M.R.C.S. (Eng
D.T.M. & H. (Liverp
D.P.H. (Liverp

NAD/JKK.

45-216 327

In case of reply the number and date of this letter should be quoted.

My Ref. No. SCR./P. 153/T.

Your Ref. No.

Ministry of Health
P.O. Box No. 145,
[illegible] T.
9 February, 1967.

TESTIMONIAL.

Mr. A. V. K. Asante was appointed as a Pupil Nurse on 1st June, 1954 and passed the Final Qualifying examination on 26th January, 1959. He then took the Anaesthetist course for Nurses from March to August, 1964.

He was promoted to the grade of Nurse Anaesthetist on 30th July, 1965.

I have known Mr. Asante for a period of 2 years. During this period he has discharged his duties with efficiency beyond that expected of a Nurse Anaesthetist. He has a pleasant personality and is anxious to learn.

I recommend him for further training in any Medical Institution.

SENIOR MEDICAL OFFICER T/C.,
BRONG-AHAFO REGION, GHANA.
(DR. N. A. DE-HEER).

M.B. B.S. (Lond)
L.R.C.P. M.R.C.S. (Eng.)
D.T. & H. (Lond)
D.P.H (Lond)

NAD/JEN.

BEST COPY AVAILABLE

TESTIMONIAL

I have known Mr. A.V.K. Asante during my official work in Sunyani Hospital as an Obstetrician and Gynaecologist as Mr. Asante is working as an Anaesthetist in that hospital. He has given general anaesthesia for me for Caesarean Section, Laparatomy and others. I testify to his ability to give good anaesthesia.

Mr Asante tells me He wants to do higher studies in Anaesthesia and I recommend him very much for that and wish him the success he deserves.

S. W. Ghali

MR. S. W. GHALI, (M.B., B.CH., DIPL. GYN. & OBST. R.C.O.G. (ED.)
SPECIALIST PHYSICIAN & OBSTETRICIAN,
CENTRAL HOSPITAL, KUMASI/GHANA.

DEPARTMENT OF ANESTHESIOLOGY
WYCKOFF HEIGHTS HOSPITAL
374 STOCKHOLM STREET
BROOKLYN, N. Y. 11237

June 4, 1970

International Student Center
New York University
54 Washington Square South
New York, N. Y. 10012

Re: Abraham Asante

Gentlemen:

My involvement with Mr. Asante extends back some five years, when he was a student in anesthesia at Wyckoff Hospital.

His academic ability, his insatiable desire to learn and his very pleasant, polite and friendly personality left a lasting impression.

Mr. Asante has been working with our department for the past few months, and these aforementioned attributes remain unchanged. His academic performance, motivation for study, analytical ability and writing ability are all excellent. More important, Mr. Asante is a perfect gentleman with a very friendly personality. He fits along well with others, is emotionally stable and would be an asset to your program.

Very truly yours,

DEPT. OF ANESTHESIOLOGY

Bertram S. Holder, M.D.
Associate Director

BSH:sw

The City of New York
DEPARTMENT OF HOSPITALS
CONEY ISLAND HOSPITAL
OCEAN AND SHORE PARKWAYS, BROOKLYN, N. Y. 11235
2601

June 12, 1970

International Student Center
New York University
54 Washington Square South
New York, New York 10012

RE: ABRAHAM Van KOJO ASANTE

Dear Sirs:

I have known Mr. Abraham Asante for the past 18 months during which time he has been a Nurse Anesthetist on our Anesthesiology Service.

Mr. Asante has performed in an excellent manner at all times. He is a capable, knowlegeable and cooperative nurse anesthetist. His cooperation and rapport with the Surgical Service has been excellent and I recommend him without reservation for admission to New York University.

Very truly yours,

Harvey Krieger

HK/ff

Harvey Krieger, M.D.
Chief, Surgical Services

ACADEMIC RECORD

All undergraduate courses, including those failed and/or repeated, should be listed except physical education, ROTC, and the like. Courses in progress should be identified with a "P" and courses to be taken with a "T" in the appropriate column. Plus or minus signs should be omitted when recording a grade or computing a grade point average. Courses taken for graduate credit should be summarized on page 3 or on a separate sheet of paper.

SCIENCES	A	B	C	D	F	P	Number of Credits	Year taken (1, 2, 3, 4)	College where taken
Biological Science		B							
General biol.		B							
Embryology	A								
Compar. anat.			C						
Genetics	A								
Physiology	A								
Bacteriology		B							
Chemistry			C						
General chem.		B							
Organic chem.	A								
Physical chem.		B							
Qual anal.			C						
Quant anal.			C						
Biochemistry		B							
Physics		B							
General physics									
Mathematics		B							
Algebra			C						
Trigonometry			C						
Analyt geom.			C						
Calculus			C						
Other/Additional									
Human Anatomy		B							
TOTALS								[illegible]	[illegible]

NON-SCIENCES	A	B	C	D	F	P	Number of Credits	Year taken (1, 2, 3, 4)	College where taken
English	A								
Psychology		B							
Other lang. (________)		B							
Philosophy			C						
History			C						
Economics			C						
Sociology		B							
Political science	A								
Other/Additional									
Swimming	A								
Music			C						
TOTALS								[illegible]	[illegible]

*Credit hours should be listed in either all semester hours or all quarter hours. If you have attended schools with both systems, convert quarter hours to semester hours by multiplying by 2/3 or semester hours to quarter hours by multiplying by 3/2. Indicate which system you used in responding. (1) semester hours ☐ (2) quarter hours ☐

Please calculate your science and non-science grade point averages from your column totals above. (Omit courses for which you received "P" or Pass.)

(A) 4 x ____ = ____
(B) 3 x ____ = ____
(C) 2 x ____ = ____
(D) 1 x ____ = ____
(F) 0 x ____ = ____
Total ____ Hrs. ____ Quality points
Quality points ÷ Credit hours =

____ = SCIENCE grade point average (Cumulative)

(A) 4 x ____ = ____
(B) 3 x ____ = ____
(C) 2 x ____ = ____
(D) 1 x ____ = ____
(F) 0 x ____ = ____
Total ____ Hrs. ____ Quality points
Quality points ÷ Credit hours =

____ = NON-SCIENCE grade point average (Cumulative)

Enter your noncumulative grade point average below:

Year	G.P.A.
1 (Fresh.)	____
2 (Soph.)	____
3 (Junior)	____
4 (Senior)	____
Cum. Undergrad.	____
Graduate	____

I certify that the information submitted in this application is complete and correct to the best of my knowledge and belief.

07330-11

Date June 23, 1972 Signature Nicholas A. [illegible]
Senior Medical Officer
Brong-Ahafo Region, Ghana

ADDITIONAL COURSE IN SCIENCE

ENGLISH 1 Academic Yr. 90%

ENGLISH 1 Course 85% - Literature

BIOLOGY 1 Year With Lab.86%

GENERAL PHYSICS 1 Yr. With Lab. 80%

INORGANIC Chemisty 1Yr. With Lab. 84%

ORGANIC CHEMISTRY 1Yr. With Lab. 90%

QFFFQS

SUMMIS AUSPICIIS

REI PUBLICAE SOCIALISTICAE BOHEMOSLOVACAE

UNIVERSITAS CAROLINA PRAGENSIS

[illegible]

NATUM/NATA

[illegible]

[illegible]

IN FACULTATE MEDICINAE [illegible] UNIVERSITATIS CAROLINAE PRAGENSIS

[illegible]

[illegible]

[illegible]

IN DISCIPLINA MEDICINAE

[illegible]

MEDICINAE DOCTOREM

[illegible]

[illegible]

[illegible] [illegible]

178

Dr. Oden MACEK
úřadý přísežný tlumočník jazyka
ČESKÉHO, RUSKÉHO, ANGLICKÉHO, FRANCOUZSKÉHO, NĚMECKÉHO,
ITALSKÉHO, ŠPANĚLSKÉHO, POLSKÉHO a SRBSKÉHO
Povolaný v jazyce
HOLANDSKÉM, RUMUNSKÉM, PORTUGALSKÉM,
SLOVENSKÉM, SLOVINSKÉM
OVĚŘENÉ A ODBORNÉ PŘEKLADY
Praha 5-Košíře, Štěpánkova 36 (u MEOPTY)
Tel. 52-05-39

Legalized translation
from the Czech language

National Emblem
Prof. Dr. Pavel Kuchorský,
authorized interpreter and translator
of the russian, german and latin languages
Prague-Střešnice, Kučická 17
Tel. : 773 -862 - 1

Copy

/ Form of Greeting /

In the Name
of the CZECHOSLOVAK SOCIALIST R E P U B L I C
THE CHARLES UNIVERSITY IN PRAGUE

ABRAHAM VAN KOJO ASANTE
born
on JANUARY , 1932 in GHANA
has f i n i s h e d
his studies
at the Faculty of Medicine of the Charles University in Prague
by passing the State Examination
on 24. VI. 1958

He has therefore obtained according to the Law
No. 19/ 1950 of Code of Laws concerning
the University STUDIES

./.

./.

The University Aprobation in the Medical Science
with the Conferment of
the Title

of a DOCTOR OF MEDICINE

In witness thereof we have delivered
this DIPLOMA

Prof. Dr. Pučík m.p. ..... Doc. Vaněčková m.p.
Prof. PUDr. Vojmír Pučík, Doc. PUDr. Olga Vaněčková,
Prorector Prodean

Prof. Vlíka m.p.
Prof. PUDr. Eduard Vlík, Dr Sc.

Given in Prague on 15.VII.1958

No. 25699

302798

I do herewith certify that this complete photocopy conforms word by word with the presented original consisting of 1 page, unstamped.
The State Notary's Office for Prague 1
Prague, on sixteenth April of the Year One Thousand Nine Hundred and Seventy One.

/ Seal /
The State Notary's Office
for Prague
/ Revenue stamp of 4...Kčs obliterated /.
/ Signature /
Millerová m.p.

As Interpreter of the Latin Language, appointed by the Decree of the Municipal Court in Prague on

./.

June 3, 1967, No.1648/ 67, I do herewith certify that the Translat'on conforms with the text of the annexed Doed .

The Act of Interpreter is registered under No. 2/ 71 of Diary.

The fees are put on account for 1 page the sum of 15.—Kčs

Signed :...Dr. Pavel Kucharský ...m.p.

Prof. Dr. Pavel Kucharský

Permanent Court Interpreter of the Latin Language
Prague 10,Nučická 17/ 1756
Tel. 773- 862 - 1

L.S.: Dr. Pavel Kucharský
Interpreter
of the Czech and Latin Languages
Prague 1C-Strašnice, Nučická 1756
National Emblem

anglického

anglický

českým

173/71

16.dubna 1971.

I, Dr. Oden MACEK, D. L., lawyer, practising a. Prague5;Košíře, Czechoslovakia, with reference to my oath as Permanent Sworn Court Translator of the English language, appointed by decree of the Municipal Court at Prague, dated 3.7.67 No. Pres. 1655/67 do hereby certify that this translation in the English language is a true and faithful translation of the Czech original.

In testimony whereof I have hereunto set my hand and official seal.

At Prague April 16, 1971.

VELVYSLANECTVÍ ČESKOSLOVENSKÉ SOCIALISTICKÉ REPUBLIKY
EMBASSY OF THE CZECHOSLOVAK SOCIALIST REPUBLIC
3900 LINNEAN AVENUE, N. W.
WASHINGTON, D. C. 20008

V odpovědi uvedte č.
IN REPLY REFER TO NO. 30.895/74-Maj/Ma

September 13, 1974

RECEIVED
SEP 25 1974
ECFMG

Ray L. Casterline, M.D.
Executive Director
Educational Council for Foreign
Medical Graduates
3500 Market Street,
Philadelphia, Penna. 19104

Re: Charles University
in Prague
Diploma

Dear Mr. Casterline:

Your enclosed letter of February 12th with enclosures was returned to us by the Charles University in Prague with following report:

The documents represent a forgery because in 1958 the degree in diplomas was used only as " Graduated Physician" . Only in the year 1966 and farther the Degree "Doctor of Medicine-MUDr" has been used.

Only since 1967 the Charles University has been issuing diplomas for Doctors of Medicine in Latin!

Two types of writing machines were used for the translation, the name of the graduate on the diploma has been never used in double shade and, in fact on July 15, 1970 a diploma No. 302798,Register No. 2559 was issued to MUDr. Alex Okoampa Agyeman Fredua, born February 22, 1942 at Kumase, Ghana. The date of the decision of the examination commission was June 24, 1970 and not 1958 as stated on the enclosed translation which apparently Mr. Asante tried to change from the diploma of his colleque.

Very truly yours,

by: D. Majnajdr

Dr. Jiří Majnajdr
Chief, Consular Division

Encls.

October 9, 1974

Grasslands Hospital
Valhalla, New York 10595

Attention: Benjamin G. Dinin, Director

Re: Abraham Von Kojo Asante
ECFMG No. 151-252-4

Gentlemen:

Since I wrote last on September 27, 1974 requesting a photocopy of any documents that Asante submitted on making application for an internship position at your hospital, we have obtained incontrovertible evidence that he is not a graduate of Charles University, Prague, Czechoslovakia. Furthermore, the evidence available indicates that the Charles University diploma he claims is his, actually is a forgery.

Therefore, it is all the more important for us to know if he, indeed, has a forged ECFMG certificate, or if he displayed other educational or registration documents for your viewing or copying when he submitted his application for an internship at Grasslands Hospital.

Because of our earlier suspicions, Asante has never been permitted to take an ECFMG examination. The evidence in his file now precludes his admission to such an examination. Since we have not been able to determine whether he has a forged ECFMG certificate, I am writing, again, to give you a "progress report" and point out the urgency of our need to have you carefully search his internship application file at your hospital for a copy of an ECFMG certificate or other documents which might, also, be forged.

If you would feel more comfortable communicating by telephone rather than documenting your comments in writing, call me collect at (215) 349-9000.

Sincerely,

Ray L. Castelline, M.D.
Director

RLC:aks

bcc: Miss Klein

October 9, 1974

Mack Bonner, M.D.
Director of Medical Education
Sydenham Hospital
124th Street and St. Nicholas Avenue
New York, New York 10027

Re: Abraham Van Kojo Asante
ECFMG No. 151-252-4

Dear Dr. Bonner:

Since I wrote last on September 27, 1974 requesting a photocopy of any documents that Asante submitted on making application for an internship position at your hospital, we have obtained incontrovertible evidence that he is not a graduate of Charles University, Prague, Czechoslovakia. Furthermore, the evidence available indicates that the Charles University diploma he claims is his, actually is a forgery.

Therefore, it is all the more important for us to know if he, indeed, has a forged ECFMG certificate, or if he displayed other educational or registration documents for your viewing or copying when he submitted his application for an internship at Sydenham Hospital.

Because of our earlier suspicions, Asante has never been permitted to take an ECFMG examination. The evidence in his file now precludes his admission to such an examination. Since we have not been able to determine whether he has a forged ECFMG certificate, I am writing, again, to give you a "progress report" and point out the urgency of our need to have you carefully search his internship application file at your hospital for a copy of an ECFMG certificate or other documents which might, also, be forged.

If you would feel more comfortable communicating by telephone rather than documenting your comments in writing, call me collect at (215) 349-9000.

Sincerely,

Ray L. Casterline, M.D.
Director

RLC:sks

bcc: Dan Klein

March 28, 1975

M. Doyle Taylor, Esq.
Director
Department of Investigation
American Medical Association
535 North Dearborn Street
Chicago, Illinois 60610

Re: Abraham Van Kojo ASANTE
ECFMG No. 151-252-4

Dear Doyle:

Last summer after "Dr." Asante had applied for internships at Grasslands Hospital, Valhalla, New York and at Sydenham Hospital, 124th Street and St. Nicholas Avenue, New York, we discussed his case in some detail. Subsequently, he seemed to have "disappeared". Recently, however, his name has "surfaced" again in correspondence from the Division of Professional Conduct of the New York State Education Department.

For additional documentation of your files, I am enclosing a letter from William Bayer, Investigator for the Division of Professional Conduct of the New York State Education Department, as well as a photocopy of a letter we received earlier from the embassy of the Czechoslovak Socialistic Republic, Washington, D.C.

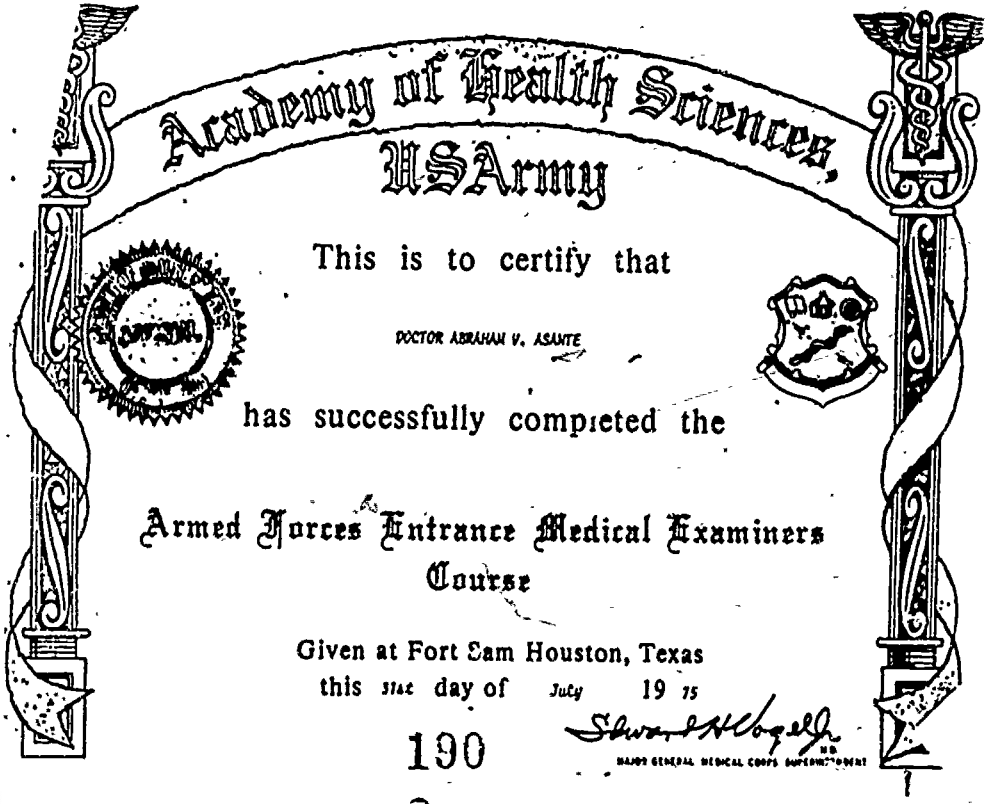
Although, Asante was assigned an ECFMG number when he first applied for examination in February 1971, he has never been allowed to take an ECFMG examination and holds no form of ECFMG certification.

Let me know if you learn any more of Asante's odysseys.

Very truly yours,

Ray L. Casterline, M.D.
Director

RLC:ph
Encl: As noted



Academy of Health Sciences, USArmy

This is to certify that

DOCTOR ABRAHAM V. ASANTE

has successfully completed the

Armed Forces Entrance Medical Examiners Course

Given at Fort Sam Houston, Texas
this 31st day of July 19 75

190

Edward A. Mogelgh M.D.
MAJOR GENERAL MEDICAL CORPS SUPERINTENDENT

DEPARTMENT OF THE ARMY

DR. ABRAHAM V.K. ASANTE

IS OFFICIALLY COMMENDED

FOR

Dr. Abraham V.K. Asante, Medical Officer/General, GS-12, Medical Section, in the Buffale Armed Forces Examining and Entrance Station, is officially commended for his contribution to the FY 75 "Second Year Success" of the United States Army Recruiting Command in exceeding its recruiting goals. His contributions toward exceeding all quality and quantity goals have made this a phenomenal year for recruiting and reflect great credit upon himself and the United States Army Northeastern Regional Recruiting Command.

18 AUGUST 1975

JIMMIE L. STALLINGS
LTC, FA

187

191

DEPARTMENT OF THE ARMY
HEADQUARTERS, 5TH STATES ARMY RECRUITING COMMAND
FORT SHERIDAN, ILLINOIS 60037

USARCPM

22 SEP 1975

SUBJECT: Letter of Recommendation

To whom it may concern:

Doctor Abraham Asante has been a chief medical officer in the Armed Forces Examining and Entrance Station Buffalo, New York since 24 February 1975. Dr. Asante has had the responsibility for the correct accomplishment of all medical examinations conducted in the AFEES to include the assurance that each examinee processed receives a quality medical examination as prescibed by current military service directives. During his functioning, he has remained responsive to the administrative and professional guidance from The Office of the Surgeon, US Army Recruiting Command, Ft Sheridan, Illinois 60037. As Surgeon, I have had frequent contacts with Dr. Asante in relation to his official activities. At all times, Dr. Asante has demonstrated the highest levels of fund of medical knowledge, and the necessary skills to provide the medical services required of his medical section. He has been responsive to administrative and professional guidance.

I would highly recommend Dr. Asante for positions of increasing responsibility.

George R. Helsel
GEORGE R. HELSEL
LTC, MC
USAREC Surgeon

New York University
Post-Graduate Medical School

This is to Certify that

DR. ABRAHAM ASANTE

has participated in a course entitled

INTERNAL MEDICINE: AN IN-DEPTH REVIEW

NEW YORK UNIVERSITY POST-GRADUATE MEDICAL SCHOOL MDCCCXXXVI

from December 3, 1975 *to* April 28, 1976

Course Director

Associate Dean

Dean

189

193

College of Physicians & Surgeons
Columbia University

1975 - 1976

The Department of Pediatrics of the Columbia University College of Physicians and Surgeons acknowledges that Abraham Von Kojo Asante, M.D. has participated in the Pediatric Continuing Education Program at Babies Hospital, Children's Medical and Surgical Center, New York.

190

Michael Katz, M.D.
Professor and Chairman
Department of Pediatrics

194

Russell S. Ames, M.D.
Director, Division of Pediatric
Ambulatory Care

New York University
Post-Graduate Medical School

This is to Certify that

DR. ABRAHAM VAN KOJO ASANTE

has participated in a course entitled

CURRENT TOPICS IN RESPIRATORY DISEASE

NEW YORK UNIVERSITY POST-GRADUATE MEDICAL SCHOOL MDCCCXXXI

from January 22 *to* January 24, 1976

H. W. Kosa
Course Director

Associate Dean

Dean Bennett
Dean

191

New York University

Post-Graduate Medical School

This is to Certify that

DR. ABRAHAM V. K. ASANTE

has participated in a course entitled

ADVANCES IN CARDIOLOGY

NEW YORK UNIVERSITY POST-GRADUATE MEDICAL SCHOOL MDCCCXXXI

from March 25 *to* March 27, 1976

Course Director

Associate Dean

Ivan Bennett

Dean

192

196

New York University
Post-Graduate Medical School

This is to Certify that

DR. ABRAHAM Y. K. ASANTE

has participated in a course entitled

TROPICAL AND PARASITIC DISEASES
ENCOUNTERED IN THE UNITED STATES

Held on April 23, 1976

from *to*

NEW YORK UNIVERSITY POST-GRADUATE MEDICAL SCHOOL

Wm. P. Thweatt

197

193

United States [illegible] Recruiting Command

RECRUITING

Hereby presents this

Certificate of Appreciation

to

DR. ABRAHAM V. SLATER

For meritorious service while assigned as a physician to the Armed Forces Examining and Entrance Station, Fort Hamilton, Brooklyn, New York, during the period from 1 September 1975 to 21 April 1976.

19 8

Kenneth Kaplan

KENNETH KAPLAN
LTC, Infantry
Commanding

DEPARTMENT OF THE ARMY
ARMED FORCES EXAMINING AND ENTRANCE STATION
Fort Hamilton, Brooklyn, New York 11252

USAECIE-DI

20 April 1976

SUBJECT: Letter of Recommendation (Re: Dr. Abraham Asante)

To Whom It May Concern

Dr. Abraham Asante has been in my employ for close to nine (9) months and during this time, I have been most favorably impressed with his work.

Specifically, Dr. Asante was charged with instructing other physicians in the most myriad of details involved in insuring an applicant for federal military service satisfactorily met all physical requirements. Further, he conducted physical examinations often times involving more than 125 applicants daily.

I have found Dr. Asante to be a highly competent physician and a loyal member of this organization. He mixes well with people and enjoys the admiration of both superiors and subordinates. He is punctual in reporting to work and will not leave his place of duty until he is satisfied that all work has been completed. He is forceful without being overbearing while at the same time being compassionate and sympathetic to the needs of applicants.

Dr. Asante's departure from this organization is due to US Army and Federal Civil Service regulation requiring all doctors to be licensed and for no other reason. Commensurate with Civil Service hiring practices, I would gladly retain his services again. He has been an asset to this organization.

Respectfully,

KENNETH KAPLAN
LTC, Infantry
Commanding

New York University
Post-Graduate Medical School

This is to Certify that

DR. ABRAHAM ASANTE

has participated in a course entitled

NEW CONCEPTS IN HEMATOLOGY

NEW YORK UNIVERSITY POST-GRADUATE MEDICAL SCHOOL MDCCCXXXI

from May 20 *to* May 22, 1976

Course Director

Associate Dean

Dean

200

196

CHARLES ZEFF, M. D.
777 OLD COUNTRY ROAD
PLAINVIEW, NEW YORK 11803

WELLS 8-2382

June 18, 1976

Dr. D. Benedetto
Chief of Surgery
Nassau County Medical Center
East Meadow, N.Y.

Dear Dr. Benedetto,

I have known Dr. Abraham W. K. Asante for the past two years and worked with him frequently at Fort Hamilton, Brooklyn, New York.

I have found him to be a conscientious and worthy member of the medical profession.

I can without reservation give him my wholehearted recommendation for one year residency in surgery for which he is applying.

Sincerely yours,

Charles Zeff M.D.

Charles Zeff, M.D.

CZ:rk

APPENDIX 8

U.S. House of Representatives
SELECT COMMITTEE ON AGING
SUBCOMMITTEE ON HEALTH AND LONG-TERM CARE
715 House Office Building Annex 1
Washington, D.C. 20515
(202) 226-3381

October 30, 1984

Dear Madam Secretary:

The House Select Committee on Aging, Subcommittee on Health and Long-Term Care which I chair has been conducting a study of the problems created by U.S. citizens obtaining fraudulent medical degrees from foreign medical schools.

Many of the persons who acquired these fraudulent degrees were able to enter clinical residency training programs which were supported in whole or in part by your Department. In addition, some of these persons may have caused Medicare or Medicaid to reimburse them or their institutions.

I would like to have a report from you on your views as to the problems with the current system of training, licensing, etc. which allowed these abuses to occur. I would also like to know what steps your Department has taken or plans to take in the next few months to prevent further abuses.

Please respond by November 12, 1984. Should you have any questions concerning this matter, please call my Staff Director, Bill Halamandaris at (202)226-3381. We appreciate your assistance.

With kindest regards,

Very sincerely,

Claude Pepper
Chairman

The Honorable Margaret Heckler
Secretary
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20202

CP:mbr

APPENDIX 9

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

DEC 28 1984

The Honorable Claude Pepper
Chairman, Subcommittee on Health
and Long-Term Care
Select Committee on Aging
House of Representatives
Washington, D.C. 20515

Dear Mr. Pepper:

Thank you for your letter of October 30, 1984, regarding the use of fraudulent medical degrees and the possible abuses of federal health programs by individuals without valid medical credentials.

As you know, the federal government has traditionally deferred to the role of the individual States and the private sector regarding standards for the education, licensing, and practice of medical professionals. Nevertheless, over the years, a partnership has developed among the federal government, States, and private institutions on matters relating to public health, medical research, financial support for training health professionals, and health benefits for the poor and the elderly.

In these areas of overlapping interest, we do attempt to exercise responsibility, within the limits of our authority, to assure the protection of the public interest and the federal tax dollar. For that reason, when the use of fraudulent medical credentials came to our attention, we began to review our authorities to determine what role we can play in curtailing this abuse.

The Office of Inspector General has recently held a number of meetings to evaluate how best to proceed, both on our own and in a continuing partnership with Federal, State and private organizations. As a result, we quickly became aware of the need to improve the exchange of information among interested parties. To help remedy this situation, we expect that in fiscal year 1985, the Health Resources and Services Administration will be able to provide funds to the Federation of State Medical Boards for the development of a sophisticated nationwide data system to collect information on disciplinary actions taken against physicians by State Medical Boards as well as on actions the Department takes against health professionals who participate in Medicare or Medicaid. We expect that the data collected will include, among other things, sanctioning actions based on fraudulent medical degrees. By sharing this information among responsible parties, each of us will be in a better position to exercise the full scope of our authority to contain this abuse.

In addition, the Office of Inspector General in conjunction with the Postal Inspection Service and State medical licensing boards, is seeking where possible, to apply such civil and criminal actions as may be appropriate.

For example, we believe that an individual who is using false medical credentials and makes a material misrepresentation when claiming reimbursement under our Medicare and Medicaid Programs, can be sanctioned by my Department, thereby preventing that person from further participation in our health care financing programs.

I hope we have responded to your concerns.

Sincerely,

Margaret M. Heckler
Secretary

APPENDIX 10

CLAUDE PEPPER, FLA.
CHAIRMAN

RALPH REGULA, OHIO
RANKING MINORITY MEMBER

U.S. House of Representatives
SELECT COMMITTEE ON AGING
SUBCOMMITTEE ON HEALTH AND LONG-TERM CARE
718 House Office Building Annex 1
Washington, D.C. 20515
(202) 226-3241

MARK SIKMUND, J.D.
MINORITY STAFF DIRECTOR
SUSAN ZELAND
ASSISTANT MINORITY STAFF DIRECTOR

December 11, 1984.

Dear Dr. Koop:

You may know that the Subcommittee on Health and Long-Term Care, Select Committee on Aging, held a hearing December 7, 1984 on the subject of fraudulent medical credentials.

At the hearing information was presented which indicated that the National Institutes of Health (NIH) hired a bogus doctor, Abraham V.K. Asante, in 1982. Asante was known by the American Medical Association and the ECFMG to be a fraud since 1974, yet NIH failed to check his credentials with those agencies or with State licensing organizations.

Although I would be interested in learning how this serious error occurred, I am even more interested in learning what efforts the Department is now making or plans to make to check the credentials of foreign medical graduates applying for positions within the Department.

The Subcommittee also learned that the Federation of State Medical Boards has instituted a computerized disciplinary action bank which can be used by State and Federal agencies to check on physician qualifications. This effort was undertaken in part by the States on the assumption that the Public Health Service would be able to offer some financial assistance to this effort.

I would appreciate it if you would furnish the Subcommittee with a report on the status of the Department's consideration of support for the Federation's data bank. I would further appreciate it if you would furnish us with a separate report on the Department's policies with respect to hiring, and checking the credentials of, medical school graduates. Please furnish these reports to the Committee by January 11, 1985.

Thank you in advance for your cooperation.

With kindest regards,

Very sincerely,

Claude Pepper
Chairman

Honorable C. Everett Koop, M.D.
Surgeon General of the Public Health Service
Department of Health and Human Services
200 Independence Avenue, S.W., Room 716G
Washington, DC 20201

cc: Honorable Ron Wyden

APPENDIX 11

DEPARTMENT OF HEALTH & HUMAN SERVICES

The Surgeon General of the
Public Health Service
Washington DC 20201

JAN 22

The Honorable Claude Pepper
Chairman, Subcommittee on Health
and Long-Term Care
Select Committee on Aging
House of Representatives
Washington, D.C. 20515

Dear Mr. Pepper:

Thank you for your letter of December 11, 1984, inquiring about the Department of Health and Human Services' (HHS) activities regarding the credentials of medical school graduates applying for positions in the Department, and the status of the Department's support of the Federation of State Medical Boards (FSMB) for its disciplinary action data bank.

The rise of incidents of individuals found to be practicing with fraudulent credentials is of great concern to the Department and is one of the reasons we have been working closely with the private sector to formulate a central source of credentialing data on individual physicians. The viability and soundness of such data and the implications of the Privacy Act on its use are issues of primary consideration.

Please be assured that the Department is acutely aware of the problems that exist in this area and is working continuously with the States and the private sector to develop appropriate procedures and policies.

Staff of the Health Resources and Services Administration (HRSA) have been discussing with the Federation of State Medical Boards the guidelines the latter is developing for credentials verification. FSMB has indicated its willingness to process the names of federally-employed physicians, or those being considered for employment, through its developing disciplinary action system to determine their credentialing status. In addition to its efforts with this Department, the FSMB is working with the Veterans Administration and the Department of Defense.

More specifically, the Department is attempting to encourage the States and the private sector to develop a comprehensive source of information on physician credentials. Direct support to the FSMB is being considered as a way to accomplish this goal, and we will be making a decision about this project within the next few months. The purpose of this effort would be to:

1. provide to HHS and to other appropriate Federal agencies data on State disciplinary actions taken against individual physicians as well as licenses held in other States by such individuals;

2. provide summary data on State Medical Boards' disciplinary actions against physicians; and

3. design a data system by which to bring all State Medical Boards on-line to the FSMB's transcript and disciplinary data.

HRSA is also discussing potential collaboration with FSMB in other aspects of credentialing such as dealing with the problems related to both alien and U.S. foreign medical graduates, and to fraudulent medical credentials.

I hope this information will be helpful.

Sincerely yours,

C. Everett Koop, M.D.
Surgeon General

APPENDIX 12

CLAUDE PEPPER, FLA.
CHAIRMAN

RALPH REGULA, OHIO
RANKING MINORITY MEMBER

U.S. House of Representatives

SELECT COMMITTEE ON AGING
SUBCOMMITTEE ON HEALTH AND LONG-TERM CARE
715 House Office Building Annex 1
Washington, D.C. 20515
(202) 226-3661

November 8, 1984

Dear Mr. Thomas:

You may know that the House Select Committee on Aging, Subcommittee on Health and Long-Term Care, which I chair, has been conducting a study of the problems caused by U.S. citizens obtaining fraudulent foreign medical degrees.

We are planning to hold a hearing on December 7, 1984 to examine these problems and to explore possible solutions. The hearing will begin at 10:00 a.m. in 311 Cannon Office Building, U.S. House of Representatives, Washington, D.C.

We would like to invite you to submit your written comments for inclusion in the hearing record. We would appreciate receiving your views on law enforcement and policy problems brought to light by the current situation. In addition, if you have any official or personal views on measures which could be taken to prevent future problems, please provide them.

Thank you in advance for your cooperation. If you have any questions regarding the hearing, please contact Ronald Schwartz at 226-3201 or Bill Halamandaris at 226-3381.

With kindest regards,

Very sincerely,

Claude Pepper
Chairman

Mr. James B. Thomas, Jr.
Inspector General
Department of Education
331 C Street, SW, Room 4022
Washington, DC 20202

CP:mm

APPENDIX 13

UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF INSPECTOR GENERAL

THE INSPECTOR GENERAL

DEC - 4 [illegible]

The Honorable Claude Pepper
Chairman, Subcommittee on Health and
Long-Term Care
Select Committee on Aging
House of Representatives
Washington, D.C. 20515

Dear Mr. Pepper:

Thank you for your letter of November 8, 1984, concerning the problems of U.S. citizens obtaining fraudulent foreign medical degrees. From the law enforcement perspective, I have no indication that there are an inordinately large number of students of foreign medical schools defrauding Department of Education student assistance programs.

There have been instances of individual foreign medical students preparing fraudulent guaranteed student loan applications. These students receive loans to attend eligible foreign medical schools, but actually attend other schools which are not eligible. Cases of this type are investigated in the same fashion as any case involving a guaranteed student loan obtained on the basis of false statements on the application.

The existing criminal statutes applicable to fraudulent student loans appear to be adequate.

If I may be of further assistance, please contact me.

Sincerely,

James B. Thomas, Jr.

400 MARYLAND AVE., S.W. WASHINGTON, D.C. 20202

APPENDIX 14

U.S. House of Representatives

SELECT COMMITTEE ON AGING
SUBCOMMITTEE ON HEALTH AND LONG-TERM CARE
715 House Annex 1
Washington, D.C. 20515
(202) 226-3661

November 8, 1984

Dear Dr. Cooper:

You may know that the House Select Committee on Aging, Subcommittee on Health and Long-Term Care, which I chair, has been conducting a study of the problems caused by U.S. citizens obtaining fraudulent foreign medical degrees.

We are planning to hold a hearing on December 7, 1984 to examine these problems and to explore possible solutions. The hearing will begin at 10:00 a.m. in 311 Cannon Office Building, U.S. House of Representatives, Washington, D.C.

We would like to invite you to submit your organization's written comment for inclusion in the hearing record. We would appreciate receiving your views on Federal and State measures which could be taken or are being taken to prevent future problems involving legitimate and fraudulent holders of foreign medical degrees.

Thank you in advance for your cooperation. If you have any questions regarding the hearing, please contact Ronald Schwartz at 226-3201 or Bill Halamandaris at 226-3381.

With kindest regards,

Very sincerely,

Claude Pepper
Chairman

John A.D. Cooper, M.D., Ph.D.
President
Association of American Medical Colleges
One Dupont Circle, NW
Washington, DC 20036

CP:mlm

APPENDIX 15

aamc association of american medical colleges

JOHN A. D. COOPER, M.D., PH.D.
PRESIDENT

November 29, 1984

202: 828-0400

Honorable Claude Pepper
Chairman
Select Committee on Aging
U.S. House of Representatives
Washington, D.C. 20515

Dear Mr. Chairman:

The Association of American Medical Colleges, which represents all 127 medical schools in the United States, 415 teaching hospitals, and 76 academic medical societies is pleased to respond to your request for our views on the problems generated by institutions that issue medical degrees to individuals who either have never been educated in medicine or have not completed a medical education comparable to that provided by medical schools accredited by the Liaison Committee on Medical Education in the United States and Canada.

The recent indictment and conviction of a man who, through collusion with several schools in the Dominican Republic, sold fraudulent medical degrees to U.S. citizens is but one facet of a problem that has been a major concern of this Association for the past 15 years.

During the 1970s, despite the doubling of the number of students enrolled in U.S. medical schools, a large number of students aspiring to enter the medical profession could not be accommodated. These disappointed aspirants have proven to be a susceptible market for entrepreneurs who have negotiated charters for medical schools with foreign nations, particularly the emerging island nations of the Caribbean. These schools, which primarily recruit and enroll U.S. citizens, are operated for-profit.

According to the General Accounting Office which published a report on the characteristics of six schools that enrolled large numbers of U.S. citizens in 1980, these operations have rudimentary facilities and faculties of uncertain qualifications. The clinical facilities for educating medical students are grossly insufficient. For clinical training, these schools either let the students find opportunities in any hospital in the United States that will allow them to be present or they attempt to negotiate with hospitals for teaching services. Again, the qualifications of the teachers and their supervisors are open to serious question.

It is doubtful whether even those who have attended the full course of study at these schools will be able to provide the quality of medical care that U.S. citizens, and particularly our elderly citizens, deserve. Many are even unable to pass the Educational Commission for Foreign Medical Graduates' examination to qualify for eligibility to enter accredited residency programs in the United States. A report by the American Board of Internal Medicine several years ago found that even those who did complete their training in

Suite 200/One Dupont Circle, N.W./Washington, D.C. 20036/(202) 828-0400

internal medicine did significantly less well on their board examinations than graduates of accredited U.S. medical schools.

In July 1984, the Educational Commission for Foreign Medical Graduates instituted an even more rigorous examination than the one that has been used for the past several decades. We are informed that less than a third of U.S. citizen graduates of foreign medical schools passed that examination. We are not even convinced that those who passed have the requisite clinical skills to enter residency training in this country. Direct evaluation of their basic clinical abilities is needed. The Educational Commission is developing a program for this purpose.

In view of the Association, the agencies responsible for medical licensure in the United States should be extremely cautious in granting licenses to graduates of medical schools not accredited by the Liaison Committee on Medical Education, not only to prevent the licensing of those with patently fraudulent degrees, but also to diminish the opportunity for poorly educated physicians to practice medicine in this country.

Sincerely,

John A. D. Cooper, M.D.

APPENDIX 16

U.S. House of Representatives

SELECT COMMITTEE ON AGING
SUBCOMMITTEE ON HEALTH AND LONG-TERM CARE
715 House Office Building Annex 1
Washington, D.C. 20515
(202) 226-3201

November 8, 1984

Dear Dr. Boyle:

You may know that the House Select Committee on Aging, Subcommittee on Health and Long-Term Care, which I chair, has been conducting a study of the problems caused by U.S. citizens obtaining fraudulent foreign medical degrees.

We are planning to hold a hearing on December 7, 1984 to examine these problems and to explore possible solutions. The hearing will begin at 10:00 a.m. in 311 Cannon Office Building, U.S. House of Representatives, Washington, D.C.

We would like to invite you to submit your organization's written comment for inclusion in the hearing record. We would appreciate receiving your views on Federal and State measures which could be taken or are being taken to prevent future problems involving legitimate and fraudulent holders of foreign medical degrees.

Thank you in advance for your cooperation. If you have any questions regarding the hearing, please contact Ronald Schwartz at 226-3201 or Bill Halamandaris at 226-3381.

With kindest regards,

Very sincerely,

Claude Pepper
Chairman

Dr. Joseph F. Boyle
President
American Medical Association
535 North Dearborn
Chicago, IL 60610

CPimm

APPENDIX 17

Statement of the American Medical Association

to the

Subcommittee on Health and Long-Term Care
Select Committee on Aging
U.S. House of Representatives

RE: Fraudulent Foreign Medical Degrees

December 7, 1984

American Medical Association
535 N. Dearborn Street
Chicago, Illinois 60610

Department of Federal Legislation
Division of Legislative Activities
(312) 751-6741

STATEMENT

of the

AMERICAN MEDICAL ASSOCIATION

to the

Subcommittee on Health and Long-Term Care
Select Committee on Aging
U.S. House of Representatives

RE: Fraudulent Foreign Medical Degrees

December 7, 1984

The American Medical Association appreciates this opportunity to submit our comments regarding fraudulent foreign medical degrees to this Subcommittee.

It is worth noting that the AMA was founded over one hundred forty years ago for the purpose of elevating the standards of medical education. At that time, as now, fraud involving medical degrees took two main forms: first, "diploma mills" selling degrees with no pretense of providing a medical education; and second, proprietary schools operating with inadequate admission standards and providing substandard clinical training.

Since its founding, the AMA, through intensive efforts has helped to encourage and establish the strict standards for medical education and licensure in this country which have been major factors in assuring high quality care and a great degree of public confidence in the medical profession.

Public attention recently has focused on the problem of fraudulent foreign medical degrees with the conviction of Pedro de Mesones. Mr. de Mesones and his company, the Medical Education Placement Service, sold false credentials allowing unqualified individuals to receive graduate medical training in the United States and to practice medicine as resident physicians in this country. The fraud perpetrated by Mr. de Mesones was noteworthy because it proved difficult to detect for several reasons. The false credentials were sold to health professionals such as pharmacists, nurses and podiatrists who had some basic medical knowledge. In addition, the fraud included individuals employed at the offshore medical schools in the Dominican Republic, where the documents originated, and who were in positions to verify the documents as authentic. The government of the Dominican Republic has closed two schools in the wake of this fraud.

With this exception, however, instances of individuals attempting to present fraudulent medical credentials are uncommon. When a case such as the Medical Education Placement Service is discovered, it usually receives a great deal of publicity. Far more often measures taken by the states, medical institutions, and the medical community to detect and counter such abuse are unheralded. For example, the Educational Commission for Foreign Medical Graduates (ECFMG) and several state licensing boards actually rejected applications of graduates of Centro de Estudios Tecnicos, known as CETEC, and the Universidad Centro de Investigacion Formacion y Asistencia Social (CIFAS) in mid-1983 because of irregularities in the documentation of educational experience of some applicants for licensure.

With disclosure of the full scope of the fraud involving Mr. de Masonne, CETEC, CIFAS, at least one other Dominican Republic and other schools, the ECFMG is investigating and checking the credentials of every putative graduate of these schools who has received ECFMG certification in the past. A similar investigation has been undertaken of some 1800 recent graduates and students of these schools who have pending applications for ECFMG certification. The AMA believes that the ECFMG has taken prompt and appropriate action in response to the recently exposed fraud. We endorse its investigation and support other changes, commencing in July 1985, to establish a new examination for foreign medical graduates. This new two-day examination will be considered equivalent to the National Board of Medical Examiners examination now taken by most physicians educated in accredited medical schools in the U.S.

While the ECFMG is responsible for the verification of an individual's credentials, it does not pass judgment on the program of the school which awards the diploma.

In the United States and Canada all undergraduate medical education programs are accredited by a single agency to ensure standards of curriculum, faculty, and resources as well as to assure the student and the public that such standards are met. The educational program is usually provided in one defined geographic site under the direct supervision of a carefully selected faculty and occasionally at a remote site also under the direction of full-time faculty. Accreditation requires that all clinical components of the educational program are the

responsibility of the medical school and its faculty. The Liaison Committee on Medical Education, (LCME), the nationally recognized accrediting agency of programs in medical education leading to the degree of Medical Doctor, no longer recognizes programs in the basic sciences alone unless the institution has established its intent to provide a complete program, nor does it recognize clinical programs alone.

In the United States medical schools are academic institutions. Such institutions are not vocational schools for teaching technical skills only. In the course of a U.S. medical education, the student matures in a milieu of thought and research under the guidance of a faculty carefully chosen for their abilities and skills, and capable of devising an integrated curriculum (didactic and clinical), presenting, monitoring, and evaluating it, as well as evaluating the progress of the student. The medical school faculty is responsible for certifying that the student has satisfactorily completed the curriculum under its direction through the granting of the academic degree of Doctor of Medicine.

At many offshore schools, adequate facilities are lacking to the extent that so-called "clinical rotations" must be arranged by the students themselves. These "clinical rotations" are analogous in intent to the core clinical clerkships of U.S. and Canadian medical schools. The core clinical clerkships are, however, an integral part of the U.S. total curriculum, usually its third and fourth years, and are monitored by carefully chosen faculty of the school and provided in a medical care institution where the educational programs are supervised by the school's faculty. During the fourth year or final period of an accredited program

students may be permitted to select an elective course or experience at another institution. Except in the case of individual electives, responsibility for the students' education is not vested in an unrelated institution.

Although the government of the countries where the offshore schools exist bear the most direct responsibility for their operation, authorities in the U.S. are not powerless. Currently, directors of graduate medical programs and state licensure boards are in the best position to deny inadequately trained individuals the privilege of practicing medicine in the United States.

At the turn of the century, unapproved and inadequate schools in the U.S. closed their doors as the prospect of profit diminished. We already have seen evidence that U.S. citizens trained at foreign medical schools are having increased difficulty finding positions in graduate medical education programs. The fact that U.S. citizens trained abroad cannot anticipate securing residency positions, required by most states for medical licensure, may resolve the problems posed by inadequate training at certain Mexican and Carribean medical schools.

In closing, the AMA believes that the current instances of "diploma mills" in foreign nations are being addressed prudently by increasingly sophisticated scrutiny and rigorous testing of applicants by ECFMG and law enforcement agencies. Foreign medical schools offering questionable educational opportunities, meanwhile, may soon decline in number as they become less attractive as a source for medical education. Increasing competition for U.S. residency positions and decreases in funding results

in program directors becoming more selective and tends to eliminate the perception that these foreign schools offer an adequate means to circumvent admission requirements and difficult clinical training of approved U.S. institutions.

The American Medical Association appreciates the concerns of this Subcommittee regarding issues surrounding fraudulent medical degrees. The AMA believes that the numerous state and private sector initiatives, including the ECFMG, are effectively dealing with this issue and we expect continued improvements in these activities.

1681p

APPENDIX 18

U.S. Medical Licensure Statistics 1980-1981 and Licensure Requirements 1982

Annette Van Veen Daigle, Editor

Department of Data Planning and Evaluation

Division of Survey and Data Resources

American Medical Association
1982

FOREWORD

U.S. Medical Licensure Statistics 1980-1981 and Licensure Requirements 1982 is being provided, free of charge, to all Medical Training Institutions, State Licensing Agencies, the National Board of Medical Examiners, the Educational Commission for Foreign Medical Graduates and, on request, to any other interested party. This publication presents information and statistics relating to medical licensure in the United States and possessions for 1980 and 1981. Requirements for licensure included are those in effect for 1982. Data were obtained from four major sources:

- AMA Physician Masterfile
- State Boards of Medical Examiners
- National Board of Medical Examiners
- Educational Commission for Foreign Medical Graduates

The cooperation of all persons and agencies that furnished the information for this publication is acknowledged by the Division of Survey and Data Resources.

The AMA Physician Masterfile is a computer data base which contains both current and historical information on every Doctor of Medicine in the United States and on those graduates of American medical schools who are temporarily practicing overseas. The file includes members and non-members of the Association and graduates of foreign medical schools who live in the United States. A record is created on each student upon entry into a U.S. medical school. Foreign medical graduates located in the United States are incorporated into the Masterfile generally upon entry into an Accreditation Council for Graduate Medical Education (ACGME) accredited program of graduate medical residency training. As the physician's training and career develop, additional information is included in the file.

Masterfile data are obtained through input from many organizations and institutions. These data are collected and processed by the Division of Survey and Data Resources which is responsible for the ongoing maintenance and updating of over 500,000 individual physician records. Primary sources of data include:

- MEDICAL SCHOOLS—name, address, birthdate, birthplace, school and year of graduation
- HOSPITALS — physicians in graduate medical training including foreign medical graduates (FMG's) entering U.S. training
- MEDICAL SOCIETIES — address and membership information
- NATIONAL BOARDS — medical students and physicians who have passed all parts of the National Board Examination
- STATE LICENSING AGENCIES — licensure status of physicians
- EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES (ECFMG) — FMG's who have been certified by the ECFMG
- SURGEONS GENERAL OF THE U.S. GOVERNMENT—physicians in government service
- AMERICAN BOARD OF MEDICAL SPECIALTIES—physicians certified by American Specialty Boards
- PHYSICIANS—type of practice, present employment, specialty, and preferred professional mailing address

The AMA Physician Masterfile utilizes data from primary sources only: information is not entered on the Masterfile unless submitted or verified by a primary source. For example, an individual physician is not the primary source of information regarding licensure status. The primary source is state licensing agencies.

Many physicians engaged in medical teaching, research or administration do not hold a medical license. In addition, a sizeable number of first-year residents are not licensed. Thus, the total number of physicians in the U.S. is greater than the number of licensed physicians.

Licensure data presented in this report are compiled from a survey of State Boards of Medical Examiners. The boards meet quite frequently and, as a result, their licensure and examination policies are modified regularly. It is therefore recommended that the State Licensing Boards be contacted for the most up-to-date information (See Appendix B).

LICENSURE ACTIVITIES OF STATE MEDICAL LICENSING BOARDS

Trends in the number of licenses granted by the state licensing boards since 1973 are shown in Table 1. In 1980, 41,112 licenses were issued to MDs by the state licensing boards. The number of licenses issued increased 6.2% to 43,655 in 1981 (Table 2). The majority of licenses issued in 1980 and 1981 (76.6%) were by endorsement of National Board of Medical Examiners certificates or of licenses previously earned in other states(reciprocity).

Initial licensure statistics are difficult to obtain because many of the boards do not keep records on whether a physician is being licensed for the first time. In addition, there is the problem of misinterpretation of "initial license." Some boards interpret "initial license" to mean a physician's first license in their particular state, regardless of the number of licenses the physician may hold in other states.

Keeping in mind the potential data collection problems with "initial" licensure statistics: in 1980, 18,172 and in 1981, 18,831 physicians received their initial license (Table 3). Of these initial licenses, 18.2% (3,310) were issued to foreign medical graduates in 1980 and 16.6% (3,131) in 1981. The majority (1980—97.9%) and (1981—98.3%) were by examination.

The largest number of initial licenses for 1980 were issued by California (2,374), New York (2,055) and Texas (925). California (2,606) and New York (2,272) again headed this list in 1981 followed by Illinois (1,182), Texas (1,101), and Pennsylvania (1,054).

The trend in the number of state licenses issued by examination and endorsement is depicted in Table 4. Initial licentiates decreased 8.6% from 1979 to 1980 but increased 3.6% from 1980 to 1981. The number of initial licenses issued to foreign medical graduates decreased 7.1% from 1979 to 1980 and 5.4% from 1980 to 1981 (Table 5).

EXPERIENCE OF CANDIDATES TAKING FLEX

All states use FLEX as their state board examination. In 1980, 15,559 took FLEX: 8,399 (54%) passed. In 1981, 16,911 took FLEX: 9,323 (55%) passed (Table 6). Since some states did not report failures, the number of candidates examined is slightly undercounted, consequently the passing rates may be inflated. The highest passing rates for 1980 and 1981 were in Mississippi, Louisiana and Texas. Conversely, highest failure rates for 1980 were West Virginia (79%), Nevada (75%) and South Dakota (71%), for 1981, Rhode Island (84%), Montana (83%), and West Virginia (70%).

FLEX is made up of objective, multiple-choice, machine graded questions. Day one emphasizes the basic sciences components of medicine, day two deals with the clinical sciences, and day three tests patient management. To pass FLEX each board requires a weighted average of 75, however seven states have more stringent requirements (See footnotes in Table 6).

TABLE 1

LICENSES ISSUED TO PHYSICIANS BY STATE LICENSING BOARDS, 1973-1981

Year	Total	Examination	Reciprocity & Endorsement
1973	36,462	13,094	23,368
1974	35,916	12,127	23,089
1975	36,621	11,067	25,554
1976	38,488	11,744	26,744
1977	39,919	11,611	28,308
1978	41,457	11,394	30,063
1979	42,015	9,281	32,734
1980	41,112	9,580	31,523
1981	43,092	9,388	33,694

TABLE 2

LICENSES ISSUED TO PHYSICIANS (MDs) BY LICENSING BOARDS 1980 and 1981

State	Total		Examination		Reciprocity and Endorsement	
	1980	1981	1980	1981	1980	1981
Total	41,112	43,068	9,589	9,366	31,523	33,884
Alabama*	583	669	15	9	538	661
Alaska*	99	99	0	0	99	99
Arizona	836	881	32	26	804	855
Arkansas	379	298	123	136	261	162
California	4,586	5,013	1,457	1,654	3,129	3,359
Colorado	683	711	18	19	665	692
Connecticut	587	675	56	60	531	615
Delaware	97	107	4	15	93	92
District of Columbia*	616	513	90	66	526	447
Florida	1,436	1,599	203	228	1,235	1,365
Georgia	921	1,090	169	226	761	864
Guam	12	1	0	0	12	1
Hawaii*	388	388	15	15	283	383
Idaho	161	160	51	53	110	107
Illinois*	1,861	2,230	133	166	1,418	2,036
Indiana	834	862	486	572	348	290
Iowa	488	488	171	140	317	318
Kansas	423	436	37	37	386	398
Kentucky	630	666	78	82	552	573
Louisiana*	816	807	513	466	303	341
Maine	418	434	264	264	154	160
Maryland*	1,471	1,488	546	451	925	1,037
Massachusetts	1,301	1,390	279	380	1,222	1,010
Michigan*	1,413	1,290	463	383	950	907
Minnesota	680	710	38	34	642	676
Mississippi	338	336	165	149	173	187
Missouri*	923	777	113	88	810	689
Montana	112	158	16	34	96	126
Nebraska	270	234	103	50	167	184
Nevada	306	294	26	43	177	291
New Hampshire	175	250	26	21	180	289
New Jersey*	1,497	1,441	422	380	1,075	1,061
New Mexico	294	346	27	26	267	320
New York*†	4,156	3,736	1,164	617	2,672	3,116
North Carolina*	338	991	108	116	730	815
North Dakota*	150	152	69	31	81	121
Ohio	1,276	1,376	192	150	1,084	1,288
Oklahoma	427	466	96	68	331	398
Oregon	430	466	20	16	410	462
Pennsylvania	1,707	2,039	172	172	1,535	1,867
Puerto Rico	4	9	4	7	0	2
Rhode Island	170	199	9	6	161	193
South Carolina*	822	846	26	46	496	662
South Dakota*	131	136	14	15	117	116
Tennessee	670	712	140	141	530	571
Texas*	2,041	2,252	1,002	1,238	1,089	1,014
Utah	228	316	9	20	219	296
Vermont	126	146	19	14	106	131
Virgin Islands	1	0	0	0	1	0
Virginia	1,064	1,112	246	364	818	888
Washington	871	816	47	51	824	765
West Virginia	388	413	44	46	314	366
Wisconsin	773	749	73	77	700	672
Wyoming	134	125	18	9	116	116

*Combined with DOs. †Fiscal Years 7/1/79-6/31/80 and 7/1/80-6/31/81. ‡Fiscal years 4/1/80-3/31 81 and 4/1/81-6/31/82.

TABLE 3

INITIAL LICENSES ISSUED BY STATE BOARDS OF MEDICAL EXAMINERS, 1980 and 1981

State	ALL MDs Total 1980	ALL MDs Total 1981	ALL MDs Examination 1980	ALL MDs Examination 1981	ALL MDs Endorsement 1980	ALL MDs Endorsement 1981	FMG ONLY Total 1980	FMG ONLY Total 1981	FMG ONLY Examination 1980	FMG ONLY Examination 1981	FMG ONLY Endorsement 1980	FMG ONLY Endorsement 1981
Total	18,172	18,831	6,996	6,737	11,176	12,094	3,310	3,131	3,242	3,077	68	44
Alabama	153	181	2	3	151	178	0	1	—	1	—	—
Alaska	4	7	0	0	4	7	0	0	—	—	—	—
Arizona	176	159	27	21	149	138	16	18	12	14	4	4
Arkansas[a]	208	182	128	136	80	46	5	1	2	1	3	—
California[a]	2,374	2,806	617	877	1,757	1,929	278	290	278	290	—	—
Colorado	233	161	18	19	215	142	6	6	5	9	—	—
Connecticut	211	244	52	98	159	146	54	111	42	98	12	3
Delaware	7	17	4	15	3	2	3	13	3	13	—	—
District of Columbia*[A]	209	171	66	62	136	109	59	50	58	50	1	—
Florida	306	296	170	33	136	263	114	21	113	21	1	—
Georgia	403	349	160	131	243	218	166	108	166	108	—	—
Guam	0	0	—	—	—	—	—	—	—	—	—	—
Hawaii[a]	66	54	11	9	55	45	6	3	6	3	3	—
Idaho	22	13	—	—	22	13	1	0	—	—	1	—
Illinois*[A]	822	1,102	136	195	686	907	94	147	94	146	—	1
Indiana[a]	633	665	437	462	196	203	58	86	58	86	—	—
Iowa	298	276	171	140	127	136	36	38	36	34	—	4
Kansas	171	147	35	18	136	129	23	14	23	13	—	1
Kentucky	224	243	78	82	146	161	30	27	30	27	—	—
Louisiana	476	306	475	306	1	—	21	13	21	13	—	—
Maine	226	192	172	153	54	39	172	147	159	136	13	11
Maryland	756	763	520	431	237	332	244	368	244	367	—	1
Massachusetts[A]	862	807	196	262	666	546	170	250	165	240	5	10
Michigan[a]	653	508	226	144	427	364	146	82	146	82	—	—
Minnesota	403	391	36	28	367	363	15	15	16	15	—	—
Mississippi	176	166	164	149	12	17	5	2	4	2	1	—
Missouri	349	346	84	87	265	259	30	23	30	23	—	—
Montana	14	15	4	2	10	13	4	2	4	2	—	—
Nebraska	156	127	97	46	58	81	30	15	30	15	—	—
Nevada	18	22	1	1	17	19	4	1	1	1	3	—
New Hampshire	22	14	3	1	19	13	4	1	3	1	1	—
New Jersey	431	342	279	193	152	149	282	193	282	188	—	—
New Mexico	77	105	19	26	58	79	11	16	11	16	—	—
New York[a]	2,065	2,272	703	706	1,362	1,566	564	599	563	597	1	1
North Carolina	341	362	106	109	235	253	19	18	19	18	—	—
North Dakota	46	29	20	5	26	24	20	5	19	5	1	—
Ohio'	575	599	194	143	381	456	70	45	70	44	—	1
Oklahoma	194	190	96	88	98	102	72	96	72	96	—	—
Oregon	129	155	19	18	110	137	13	13	13	13	—	—
Pennsylvania	844	1,054	157	167	687	887	137	123	137	123	—	—
Puerto Rico	4	8	4	7	—	1	4	7	4	7	—	—
Rhode Island	74	64	9	3	65	61	11	3	10	3	1	—
South Carolina	200	232	15	27	185	205	13	9	13	9	—	—
South Dakota	42	39	12	13	30	26	12	11	12	11	—	—
Tennessee	228	288	113	137	115	151	23	20	23	20	—	—
Texas	925	1,101	917	1,095	8	6	100	93	97	92	3	1
Utah	164	155	7	20	157	135	1	0	1	—	—	—
Vermont	55	68	9	11	46	57	0	0	—	—	—	—
Virgin Islands	0	0	—	—	—	—	—	—	—	—	—	—
Virginia	363	392	76	92	287	300	49	40	36	34	13	6
Washington	263	277	36	46	227	231	23	25	22	25	1	—
West Virginia	106	94	36	24	70	70	36	22	36	22	—	—
Wisconsin	343	331	68	48	275	283	33	23	33	23	—	—
Wyoming	16	6	16	6	—	—	10	6	10	6	—	—

*Combined with DOs. [a]Estimated figures. [A]Calendar years 1980 and 1981.

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TABLE 4

INITIAL LICENSES ISSUED BY STATE BOARDS OF MEDICAL EXAMINERS, 1935-1981

Year	Total	Examination	Endorsement
1935	5,510	[illegible]	411
1936	6,177	[illegible]	[illegible]
1937	6,424	5,812	612
1938	[illegible]	5,730	601
1939	6,044	[illegible]	460
1940	[illegible]	5,432	[illegible]
1941	5,716	5,241	474
1942	6,014	[illegible]	464
1943	[illegible]	[illegible]	372
1944	[illegible]	[illegible]	470
1945	5,746	4,979	[illegible]
1946	6,970	[illegible]	[illegible]
1947	[illegible]	5,273	1,617
1948	6,636	[illegible]	[illegible]
1949	5,876	[illegible]	1,816
1950	[illegible]	[illegible]	[illegible]
1951	6,273	[illegible]	[illegible]
1952	[illegible]	[illegible]	1,717
1953	7,276	[illegible]	[illegible]
1954	7,917	[illegible]	2,080
1955	7,737	6,211	[illegible]
1956	7,463	[illegible]	[illegible]
1957	[illegible]	5,872	[illegible]
1958	[illegible]	[illegible]	[illegible]
1959	[illegible]	[illegible]	[illegible]
1960	[illegible]	[illegible]	[illegible]
1961	[illegible]	6,137	[illegible]
1962	[illegible]	[illegible]	2,316
1963	[illegible]	5,812	2,471
1964	7,911	[illegible]	2,672
1965	9,147	[illegible]	[illegible]
1966	[illegible]	[illegible]	[illegible]
1967	9,424	[illegible]	[illegible]
1968	[illegible]	[illegible]	[illegible]
1969	[illegible]	6,074	[illegible]
1970	[illegible]	[illegible]	[illegible]
1971	[illegible]	[illegible]	[illegible]
1972	14,476	[illegible]	[illegible]
1973	[illegible]	[illegible]	[illegible]
1974	16,706	9,916	[illegible]
1975	[illegible]	[illegible]	[illegible]
1976	17,724	[illegible]	[illegible]
1977	18,175	[illegible]	[illegible]
1978	[illegible]	8,131	[illegible]
1979	[illegible]	[illegible]	[illegible]
1980	18,172	[illegible]	11,176
1981	[illegible]	6,737	[illegible]

TABLE 5

INITIAL LICENSES ISSUED BY STATE BOARDS OF MEDICAL EXAMINERS TO FOREIGN MEDICAL GRADUATES, 1950-1981

Year	Total	Examination	Endorsement
1950	308	267	41
1951	[illegible]	[illegible]	26
1952	569	545	24
1953	585	562	23
1954	772	749	23
1955	907	881	26
1956	852	834	18
1957	1,014	991	23
1958	1,165	1,128	37
1959	[illegible]	1,005	21
1960	1,419	[illegible]	36
1961	1,580	1,557	23
1962	1,367	[illegible]	24
1963	1,451	1,409	42
1964	1,306	[illegible]	67
1965	1,528	1,462	66
1966	1,634	1,576	58
1967	2,081	2,004	77
1968	2,185	2,082	103
1969	2,307	2,196	111
1970	3,016	[illegible]	186
1971	4,314	4,131	183
1972	6,661	6,442	219
1973	7,419	7,247	172
1974	6,613	[illegible]	[illegible]
1975	[illegible]	[illegible]	127
1976	6,436	6,330	106
1977	5,851	5,790	61
1978	4,578	4,540	38
1979	[illegible]	3,522	44
1980	3,310	3,242	68
1981	3,131	3,077	44

TABLE 6

EXPERIENCE OF CANDIDATES TAKING FLEX, 1980 and 1981

State	Examined (Number) 1980	Examined (Number) 1981	Passed (Number) 1980	Passed (Number) 1981	Failed (Number) 1980	Failed (Number) 1981	Passed (Percent) 1980	Passed (Percent) 1981
Total	15,540	16,011	8,360	[illegible]	7,180	[illegible]	54	[illegible]
Alabama*	19	14	15	8	4	6	79	57
Alaska	1	1	0	0	1	1	0	0
Arizona	53	47	32	25	21	[illegible]	60	[illegible]
Arkansas*	128c138	128	106	**	**	—	—	
California	2,516	3,050	846	[illegible]	1,675	1,910	33	37
Colorado	37	40	32	31	5	9	86	78
Connecticut	142	111	50	46	92	65	[illegible]	41
Delaware	20	29	9	21	11	8	45	72
District of Columbia*	187	162	66	62	121	100	35	38

TABLE 6 (Continued)

EXPERIENCE OF CANDIDATES TAKING FLEX, 1980 and 1981

State	Examined (Number) 1980	Examined (Number) 1981	Passed (Number) 1980	Passed (Number) 1981	Failed (Number) 1980	Failed (Number) 1981	Passed (Percent) 1980	Passed (Percent) 1981
Florida	446	488	208	220	248	231	46	88
Georgia*	647	780	260	384	387	396	40	88
Guam	2	0	0	—	2	—	0	—
Hawaii†	21	16	15	12	6	4	71	75
Idaho	0	0	—	—	—	—	—	—
Illinois*	236	334	130	196	106	138	55	59
Indiana	1,527	1,913	697	900	830	1,013	44	47
Iowa	460	594	264	386	196	208	58	65
Kansas	90	95	37	37	53	58	41	39
Kentucky*	131	106	88	63	33	42	76	66
Louisiana*	562	804	513	466	49	38	91	58
Maine	564	505	266	238	298	267	48	47
Maryland*	788	825	508	477	280	348	64	58
Massachusetts*	440	547	279	380	161	167	61	69
Michigan†	636	667	344	309	292	348	54	58
Minnesota	49	51	38	38	11	13	78	75
Mississippi	173	163	161	146	12	17	93	90
Missouri*	182	131	113	96	38	36	74	73
Montana	13	23	5	4	8	19	38	17
Nebraska	167	136	96	88	71	67	57	65
Nevada	4	8	1	5	3	3	25	63
New Hampshire	0	0	—	—	—	—	—	—
New Jersey*	446	502	177	209	269	293	40	42
New Mexico	50	43	27	28	23	17	54	65
New York*†	1,888	1,868	914	900	974	968	48	48
North Carolina*	162	183	134	139	28	24	83	76
North Dakota	73	50	35	21	38	29	48	42
Ohio	232	224	166	153	66	71	73	68
Oklahoma	147	151	72	87	75	64	49	58
Oregon*	62	68	22	28	40	41	35	41
Pennsylvania	273	239	178	166	95	73	65	69
Puerto Rico	4	12	4	12	**	**	**	**
Rhode Island*	34	37	11	6	23	31	32	16
South Carolina*	31	45	14	27	17	18	45	60
South Dakota	28	44	8	14	20	30	29	32
Tennessee*	193	196	140	141	53	55	73	72
Texas*‡	1,103	1,364	675	1,196	188	168	88	88
Utah	7	18	6	13	1	6	86	72
Vermont*	71	66	67	56	14	9	80	67
Virgin Islands	0	0	—	—	—	—	—	—
Virginia	166	104	88	74	36	30	66	71
Washington	90	114	49	68	41	52	54	54
West Virginia	205	163	44	49	161	114	21	30
Wisconsin*	67	54	41	37	26	17	61	69
Wyoming	67	89	30	32	47	57	36	39

*Combined with DO's. **Did not report failures.
†Passed years 7/1/79-6/31/80 and 7/1/80-6/31/81. ‡Passed years 4/1/80-3/31/81 and 4/1/81-3/31/82.
States having a more stringent standard to pass FLEX than a weighted average of 75% on the three day exam:
*Weighted average of 75% in one sitting. *No daily score below 70% with PWA of 75%.
*At least 70% on Basic Science and 75% on Clinical Science and Competence.
*Additional grade of at least 75% on Texas Medical Jurisprudence exam. Figures include only those candidates who passed both the FLEX and Texas Jurisprudence exams. *No single score below 70%.

LICENSURE POLICIES OF STATE MEDICAL LICENSING BOARDS

Endorsement policies of medical licensing boards for licenses based on medical examinations taken before the development of FLEX are shown in Table 7. Each state board created its own licensing exam before FLEX, which may partially explain the sizeable variation in endorsement policies from one state to another. Endorsement of a certificate of the National Board of Medical Examiners (NB) or of an examination refers to issuance of a license based on an acceptable score on the NB or a state's board exam. Endorsement of a license relates to the issuance of licenses to physicians by endorsing a license held in another state or jurisdiction and is frequently termed "reciprocity." (State medical board's policies with respect to FMGs are contained in Table 10.)

All licensing jurisdictions except Louisiana, Texas and the Virgin Islands will endorse the certificate of the National Board. State boards of medical examiners in Guam, Massachusetts, Oregon, and West Virginia issue licenses to physicians holding U.S. Specialty Board certificates and no other license.

The Canal Zone Medical Licensing Board is no longer operative. This occurred October 1, 1979, when the new Panama Canal Treaties came into effect.

POLICIES FOR INITIAL MEDICAL LICENSURE FOR GRADUATES OF U.S. AND CANADIAN MEDICAL SCHOOLS

Most graduates of U.S. medical schools are now licensed by endorsement of their National Board certificate. Those graduates who are not licensed by endorsement must pass a state board examination, usually FLEX. Policies of the state boards with respect to initial medical licensure are shown in Table 8. All states require a written exam for initial licensure. Most licensing boards state that there is no limit to the length of time they endorse the National Board certificate. Approximately eighty-two percent of the boards require graduate training before issuing a license, usually one year. However, New Hampshire and Connecticut require two years of graduate training.

Table 9 shows the policies of the state boards for issuing initial U.S. medical licenses to citizens of Canada who have graduated from approved Canadian Medical schools. Thirty-five states will issue a license to a citizen of Canada who holds a medical license in one of the Canadian provinces. Graduates of approved Canadian Medical schools are considered for licensure by examination on the same basis as graduates of approved medical schools by every state in the U.S. Forty-three boards state that Canadian internship is accepted by their board as equivalent to the first year of graduate training served in an AMA approved U.S. hospital. These rules do not apply to graduates of schools outside the U.S. and Canada.

POLICIES OF BOARDS WITH RESPECT TO FOREIGN MEDICAL GRADUATES

Twenty-one state boards permit foreign trained medical candidates (FMGs) to take the FLEX before they have had graduate training in a U.S. or Canadian hospital (Table 10). Candidates are not awarded a license until they undertake the required U.S. training and meet other requirements of the individual boards (e.g., an ECFMG certificate, personal interview, fees, etc.). Since 1972, it has been possible for a foreign medical graduate to satisfy the medical education requirements of ECFMG by scoring a weighted average of 75 on FLEX. The average exam fee charged by the state boards is $153. The second part of Table 10 contains detailed notes on the boards' policies with respect to graduates of foreign medical schools.

Foreign medical graduates receiving initial licenses from the boards are displayed in Table 3 and in Appendix A.

Beginning in 1971, the AMA established a special program to assist Americans wishing to return to the U.S., after attending a foreign medical school (USFMGs). This program, called, "Fifth Pathway," is available to persons studying abroad who have:

1. Completed their premedical work in a U.S. accredited college of quality acceptable for matriculation in an accredited U.S. medical school;
2. Studied medicine in a foreign medical school listed in the WHO World Directory of Medical schools; and
3. Completed all the requirements except internship and/or social service in the foreign country.

If the aforementioned criteria are met, the USFMG is able to substitute the Fifth Pathway program for the internship and/or social service in the foreign country. After earning a degree from the foreign school and

(continued on page 11)

TABLE 20

DISTRIBUTION OF STANDARD ECFMG CERTIFICATES ISSUED BY COUNTRY OF MEDICAL SCHOOL AND CITIZENSHIP, 1980

	Country of Medical School		Citizenship when Entering Medical School	
	Number	Percent*	Number	Percent*
Total	5,756	100.0	5,756	100.0
Belgium	100	1.7	30	0.5
China (Taiwan)	184	3.2	153	2.7
Dominican Republic	123	2.1	18	0.3
Germany, Federal Republic	185	3.2	157	2.7
India	1,193	20.7	1,152	20.0
Israel	96	1.8	112	2.0
Italy	228	4.0	68	1.2
Korea, Republic of	100	1.7	70	1.2
Mexico	238	4.2	78	1.2
Pakistan	127	2.2	137	2.4
Philippines	498	8.2	408	7.1
South Africa	148	2.8	137	2.4
Spain	129	2.2	33	0.8
U.S.S.R.	118	2.1	111	2.0
United Arab Republic (Egypt)	195	3.4	180	3.1
United Kingdom	209	3.8	191	3.3
United States	—	—	655	11.4
Countries with fewer than 100 recipients in either category	1,912	33.2	2,072	36.0

*Percentages may not add due to rounding.

TABLE 21

DISTRIBUTION OF STANDARD ECFMG CERTIFICATES ISSUED BY COUNTRY OF MEDICAL SCHOOL AND CITIZENSHIP, 1981

	Country of Medical School		Citizenship when Entering Medical School	
	Number	Percent*	Number	Percent*
Total	7,083	100.0	7,083	100.0
China (Taiwan)	177	2.5	151	2.1
Dominican Republic	366	5.2	19	0.3
Germany, Federal Republic	196	2.8	158	2.2
Grenada	126	1.8	0	0.0
Haiti	65	0.9	101	1.4
India	1,324	18.7	1,287	18.2
Israel	128	1.8	112	1.6
Italy	167	2.8	60	0.8
Korea, Republic of	143	2.0	97	1.4
Mexico	300	4.2	82	1.2
Pakistan	212	3.0	218	3.1
Philippines	856	12.2	698	9.9
South Africa	113	1.6	109	1.5
U.S.S.R.	207	2.9	194	2.7
United Arab Republic (Egypt)	236	3.3	203	2.9
United Kingdom	198	2.8	191	2.7
United States	—	—	1,127	16.0
Vietnam, Republic of	131	1.9	134	1.9
Countries with fewer than 100 recipients in either category	2,094	29.6	2,121	30.0

*Percentages may not add to due to rounding.

TABLE 7

ENDORSEMENT POLICIES OF STATE BOARDS OF MEDICAL EXAMINERS FOR LICENSES BASED ON MEDICAL EXAMINATIONS TAKEN BEFORE THE DEVELOPMENT OF FLEX*

Examining Board of	Endorses Licenses Granted by																				
	AL	AK	AZ	AR	CA	CZ	CO	CT	DE	DC	FL	GA	HI	ID	IL	IN	IA	KS	KY	LA	ME
AL		+	+	+	+	–	+	+	+	+	–	+	+	+	+	+	+	+	+	+	+
AK	+		+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+
AZ	–	–		–	–	–	–	–	–	–	–	–		–	–	–	–	–	–	–	–
AR	+	+	+		+	+	–	+	+	+	–	+		+	+	+	+	+	+	+	+
CA	–	–	–	–		–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
CZ							No Longer Operative as of 10-1-79														
CO																					
CT	+	+	+	+	+	+			+	+	–	+		+	+	+	+	+	+	+	+
DE	+	+	+	+	+	+	+	+		+	+	+		+	+	+	+	+	+	+	+
DC	+	+	+	+	+	+			+		–	+		+	+	+	+	+	+	+	+
FL	–	–	–	–	–	–	–	–	–	–		–	–	–	–	–	–	–	–	–	–
GA	+	+	+	+	+	+	+	+	+	+	+			+	+	+	+	+	+	+	+
HI																					
ID	+	+	+	+	+	+	+	+	+	+	+	+			+	+	+	+	+	+	+
IL	+	+	+	+	+	+	+	+	+	+	+	+		+		+	+	+	+	+	+
IN	+	+	+	+	+	+	+	+	+	+	+	+		+	+		+	+	+	+	+
IA	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+		+	+	+	+
KS	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+		+	+	+
KY	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+		+	+
LA	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+		+
ME	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	
MD	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+
MA	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+
MI	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+
MN	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+
MS	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+
MO	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+
MT	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+
NE	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+
NV	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+
NH	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+
NJ	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+
NM	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+
NY	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+
NC	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+
ND	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+
OH	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+
OK	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+
OR	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+
PA	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+
RI	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+
SC	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+
SD	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+
TN	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+
TX	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+
UT	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+
VT	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+
VA	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+
WA	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+
WV	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+
WI	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+
WY	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+

*NOTE: This summary presented in Table 7 should be verified by direct communication with the secretary of the licensing board of the state in which the physician is interested.

+ Indicates reciprocal or endorsement relationships have been established.

– Indicates no reciprocal or endorsement relationships have been established.

TABLE 7 (Continued)

ENDORSEMENT POLICIES OF STATE BOARDS OF MEDICAL EXAMINERS FOR LICENSES BASED ON MEDICAL EXAMINATIONS TAKEN BEFORE THE DEVELOPMENT OF FLEX*

Examining Board of	Endorses Licenses Granted by																			
	MD	MA	MI	MN	MS	MO	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA	PR
AL	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	–
AK	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
AZ	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
AR	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	–
CA	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
CZ	No Longer Operative as of 10-1-79																			
CO	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	–
CT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	–
DE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DC	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
FL	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
GA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
GUAM	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
HI	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
ID	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
IL	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
IN	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	–
IA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
KS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	–
KY	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	–
LA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	–
ME	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	–
MD		+	+	+	+	+	+	+	+	+	+	+	+	+	–	+	+	+	+	+
MA	+		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
MI	+	+		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
MN	+	+	+		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	–
MS	+	+	+	+		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
MO	+	+	+	+	+		+	+	+	+	+	+	+	+	+	+	+	+	+	–
MT	+	+	+	+	+	+		+	+	+	+	+	+	+	+	+	+	+	+	+
NE	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+	+	+	+	+
NV	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+	+	+	+
NH	–	–	–	–	–	–	–	–	–		–	–	–	–	–	–	–	–	–	–
NJ	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+	+
NM	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+
NY	+	+	+	+	–	–	–	+	+	+	+	+		+	+	+	+	+	+	+
NC	+	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+
ND	+	+	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+
OH	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+
OK	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+
OR	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		+	+
PA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		+
PR	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	
TN	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	–
TX	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
UT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
VT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
VA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	–
VI	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
WA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
WV	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	–
WI	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
WY	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

*NOTE: This summary presented in Table 7 should be verified by direct communication with the secretary of the licensing board of the state in which the physician is interested.

+ Indicates reciprocal or endorsement relationships have been established.

– Indicates no reciprocal or endorsement relationships have been established.

TABLE 7 (Continued)

ENDORSEMENT POLICIES OF STATE BOARDS OF MEDICAL EXAMINERS FOR LICENSES BASED ON MEDICAL EXAMINATIONS TAKEN BEFORE THE DEVELOPMENT OF FLEX*

Examining Board of	Endorses Licenses Granted by												Discretion Of Board	National Bd. of Examiners	Fees* ($)
	IN	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY			
AL	+	+	+	+	+	+	+	+	+	+	+	+	–	+	150
AK	+	+	+	+	+	+	+	+	+	+	+	+	–	+	125
AZ	–	–	–	–	–	–	–	–	–	–	–	–	+[3]	+	200
AR	+	+	+	+	+	+	+	+	+	+	+	+	–	+[4]	125
CA	–	–	–	–	–	–	–	–	–	–	–	–	+	+[5]	200
CT	No Longer Operative as of 10-1-78														*
CO	+	+	+	+	+	+	+	+	+	+	+	+	+	+	80
CT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	150
DE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	150
DC	–	–	–	–	–	–	–	–	–	–	–	–	+	+[3]	200
FL	–	–	–	–	–	–	–	–	–	–	–	–	–	+	175
GA	+	+	+	+	+	+	+	+	+	+	+	+[1]	+[1]	+	200
GOAM	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
HI	–	–	–	–	–	–	–	–	–	–	–	–	–	+	125
ID	+	+	+	+	+	+	+	+	+	+	+	+	+	+	200
IL	–	–	–	–	–	–	–	–	–	–	–	–	+[6,7]	+[3]	150*
IN	+	+	+	+	+	+	+	+	+	+	+	+	+	+	200
IA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	100
KS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	130
KY	+	+	+	+	+	+	+	+	+	+	+	+	+	+	125
LA	+	+	+	+	+	+	+	+	+	+	+	+	–	–	150**
ME	+	+	+	+	+	+	+	+	+	+	+	+	+	+	125
MD	+	+	–	+	+	–	+	+	–	+	+	–	+	+	150*
MA	+	+	+	+	+	+	+	+	+	+	+	+	+[3]	+	75
MI	+	+	+	+	+	+	+	+	+	+	+	+	+	+	105
MN	+	+	+	+	+	+	+	+	+	+	+	+	+	+	100
MS	+	+	+	+	+[8]	+	+	+	+	+	+	+	+	+	175
MO	+	+	+	+	+	+	+	+	+	+	+	+	+	+	250
MT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	100
NE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	100
NV	+	+	+	+	+	+	+	+	+	+	+	+	+[9]	+	200
NH	–	–	–	–	–	–	–	–	–	–	–	–	+[3,9]	+[3]	150
NJ	+	+	+	+	+	+	+	+	+	+	+	+	+[10]	+	150
NM	+	+	+	+	+	+	+	+	+	+	+	+	+	+	100
NY	–	–	–	+	+	–	+	+	+	+	+	–	+[10]	+	75
NC	+	+	+	+	+	+	+	+	+	+	+	+	+[3,9,10]	+	100
ND	+	+	+	+	+	+	+	+	+	+	+	+	+[9]	+	100
OH	+	+	+	+	+	+	+	+	+	+	+	+	+[3,9]	+	175
OK	+	+	+	+	+	+	+	+	+	+	+	+	+	+	100
OR	+	+	+	+	+	+	+	+	+	+	+	+	+[3,9]	+	150
PA	–	–	–	–	–	–	–	–	–	–	–	–	+[9]	+[4]	100
PR	–	–	–	–	–	–	–	–	–	–	–	–	+	+	30
RI		+	+	+	+	+	+	+	+	+	+	+	+[1]	+	150
SC	+		+	+	+	+	+	+	+	+	+	+	+	+	150
SD	+	+		+	+	+	+	+	+	+	+	+	+	+	100
TN	+	+	+		+	+	+	+	+	+	+	+	+[3]	+	175
TX	+	+	+	+		+	+	+	+	+	+	+	+	–	200
UT	+	+	+	+	+		+	+	+	+	+	+	+[3]	+	50
VT	+	+	+	+	+	+		+	+	+	+	+	+[3]	+	105
VA	+	+	+	+	+	+	+		+	+	+	+	+	+	175
VI	–	–	–	–	–	–	–	–		–	–	–	–	–	65
WA	+	+	+	+	+	+	+	+	+		+	+	+	+	75
WV	+	+	+	+	+	+	+	+	+	+		+	+	+	150
WI	–	–	–	–	–	–	–	–	–	–	–		+[3,9]	+	80
WY	+	+	+	+	+	+	+	+	+	+	+	+	+[3,9]	+	100

*NOTE: This summary presented in Table 7 should be verified by direct communication with the secretary of the licensing board of the state in which the physician is interested.

+ Indicates reciprocal or endorsement relationships have been established.

– Indicates no reciprocal or endorsement relationships have been established.

TABLE 7 (Continued)

[1]In most cases there is a small additional recording and/or registration fee.
[2]Oral examination required when application based on license or a Diplomate certificate dated 5 or more years prior to filing application. (15 years—AZ).
[3]At the discretion of the board.
[4]Oral examination (or interview) required.
[5]Considered on an individual basis.
[6]Must meet requirements of the board and hold a valid license obtained by written examination.
[7]All reciprocities considered on an individual basis.
[8]Candidates required to have a Diplomate certificate dated subsequent to 1-1-64.
[9]For reciprocity; $75 for endorsement.
[10]Candidates from Florida must have taken examination before 1968. (IN 1-69).
[11]Effective 1-1-69 flat fee of $500.
[12]MD accepts endorsement of examinations of states with whom there was no reciprocity prior to FLEX if applicant is also American Specialty Board certified or passes Step III of FLEX with a 75 average.
[13]Fee $50 for review of foreign credentials.
[14]If license obtained by written examination taken after 3-6-73, only those by FLEX or National Board will be accepted.
[15]Must have proof of commitment to practice in NH. To be issued a license, required to set up practice in NH within 18 months and stay at least 1 year.
[16]If license is obtained by examination taken after 1972, only those obtained by FLEX or National Board will be accepted. (NY 1-1-72; NJ & TN 10-31-73).
[17]In New York an out-of-state license will be considered for endorsement if (a)-the applicant has not attempted unsuccessfully to secure a license by examination in New York State; (b)-the applicant has completed at least two years of satisfactory professional experience following graduation from medical school; and (c)-the license was issued after obtaining scores which meet NY State standards on a written examination by one of the states in the following list, and provided the license was issued after the dates indicated; note exceptions.

Alabama	1966	Maryland	1969 (except May 1, 1965 to July 1, 1967)	Ohio	1967
California	1969	Massachusetts	May 16, 1945	Oklahoma	Jan. 2, 1967
Colorado	1969	Michigan	1968	Oregon	1969
Connecticut	March 1965	Minnesota	1969	Pennsylvania	1967
Delaware	1969	Nebraska	1969	Puerto Rico	1964
District of Columbia	1965	New Hampshire	1969	Tennessee	Aug. 31, 1945
Illinois	June 1967	New Jersey	January, 1968	Texas	1968
Indiana	1969		1942 (except July 30, 1969 to Sept. 30, 1947)	Vermont	1965
Iowa	1969	New Mexico	July 1, 1969	Virginia	1951
Kentucky	Oct. 6, 1945	North Carolina	Jan. 1, 1945	Washington	1967
Louisiana	1969	North Dakota	1963	West Virginia	1969
Maine	November 1961			Wisconsin	1969

Exception:
If your out-of-state license was obtained by examination after January 1, 1972, it will not be accepted for endorsement unless that examination was either by (1)-National Boards or by (2)-the FLEX exam.

[18]FMGs must take NC examination.
[19]Clinical competence exam is required if license is based on examination dated 10 years or more prior to filing application unless physician has been American Specialty Board certified or re-certified within 3 years.
[20]Candidates from Puerto Rico must have license issued before 6-30-66, or obtained by FLEX examination.

POLICIES OF BOARDS WITH RESPECT TO FOREIGN MEDICAL GRADUATES (Continued)

satisfactorily completing the year of supervised training, these Americans are eligible to enter the first year of approved graduate training. In some states a candidate qualifies for licensure after completing the Fifth Pathway program and the first year of graduate training in the U.S., and receiving a passing score on parts I and II of the ECFMG exam.

Table 11 shows policies of licensing boards with respect to physicians who are graduates of foreign medical schools. In 1982, forty-one boards require that foreign medical graduates hold an ECFMG certificate before they will be admitted to take FLEX. In forty-six states, FMGs who hold Fifth Pathway certificates but do not hold the ECFMG certificate can be admitted to the licensing examination.

Twenty states will endorse the Canadian certificate (LMCC) when held by a foreign medical graduate, also shown in Table 11.

TABLE 8

POLICIES OF STATE BOARDS OF MEDICAL EXAMINERS FOR INITIAL LICENSURE FOR GRADUATES OF U.S. MEDICAL SCHOOLS

State	Written Exam	Endorsement of National Boards (NBME)	Length of Time NBE's are endorsed?	Graduate Training Required	No. of Yrs. of Graduate Training Required
Alabama	Yes[1]	Yes	NL	Yes	1
Alaska	Yes	Yes	NL	Yes	1
Arizona	Yes	Yes	15 yrs. or See [4]	Yes	1
Arkansas	Yes	Yes		No[5]	0
California	Yes	Yes		Yes	1
Colorado	Yes	Yes	NL	Yes	1
Connecticut	Yes	Yes		Yes	2
Delaware	Yes	Yes	NL	Yes	1
District of Columbia	Yes	Yes	NL	Yes	1
Florida	Yes	Yes	10 yrs.	Yes	1[6]
Georgia	Yes	Yes	NL	Yes	1
Guam	No	Yes		Yes	
Hawaii	Yes	Yes	NL	Yes	1
Idaho	Yes	Yes	NL	Yes	1
Illinois	Yes	Yes[2]	NL	Yes	1
Indiana	Yes	Yes	NL	No	0
Iowa	Yes	Yes	NL	Yes	1
Kansas	Yes	Yes	NL	Yes	1
Kentucky	Yes	Yes	NL	Yes	1
Louisiana	Yes	No		No	0
Maine	Yes	Yes	NL	Yes	1
Maryland	Yes	Yes		No	0
Massachusetts	Yes	Yes	NL	No	0
Michigan	Yes	Yes	NL	Yes	1
Minnesota	Yes	Yes	NL	Yes[6]	1
Mississippi	Yes	Yes	NL	Yes	1
Missouri	Yes	Yes		No	0
Montana	Yes	Yes		Yes	1
Nebraska	Yes	Yes	NL	Yes[3]	1
Nevada	Yes[2]	Yes[2]	NL	Yes[3]	1
New Hampshire	Yes	Yes		Yes[3]	2
New Jersey	Yes	Yes	NL	Yes[3]	1
New Mexico	Yes	Yes	NL	No	0
New York	Yes	Yes	NL	No	0
North Carolina	Yes	Yes	NL	Yes	1
North Dakota	Yes	Yes	NL	Yes	1
Ohio	Yes	Yes	NL	No	0
Oklahoma	Yes	Yes	See [4]	Yes[3]	1
Oregon	Yes	Yes	NL	Yes	1
Pennsylvania	Yes	Yes	NL	Yes	1
Puerto Rico	Yes	Yes		Yes	
Rhode Island	Yes	Yes	NL	Yes	1
South Carolina	Yes	Yes	NL	Yes	1
South Dakota	Yes	Yes	NL	Yes	1
Tennessee	Yes	Yes		No	0
Texas	Yes	No		Yes	1
Utah	Yes	Yes	NL	Yes	1
Vermont	Yes	Yes	NL	Yes	1
Virgin Islands	Yes	No		Yes	1
Virginia	Yes	Yes		Yes	1
Washington	Yes	Yes	NL	Yes	1
West Virginia	Yes	Yes	8 yrs.	Yes	1
Wisconsin	Yes	Yes	NL	Yes	1
Wyoming	Yes	Yes	NL	Yes	1

No—implies no or not required. NL—indicates no limit.

[1]Applicant must pass an oral examination if 10 years have passed since last licensure examination.
[2]Oral examination required. [3]1 year postgraduate training is required for permanent licensure.
[4]Oral examination required for any license candidate who has not set for and passed a written medical licensure examination.
[5]At the discretion of the board. [6]First year of residency accepted in pathology and psychiatry.
[7]Or 5 years licensed practice.

TABLE 9*

POLICIES OF STATE BOARDS OF MEDICAL EXAMINERS FOR CITIZENS OF CANADA WHO ARE GRADUATES OF APPROVED CANADIAN MEDICAL SCHOOLS*

State	Certification by Medical Council of Canada approved for Licensure by Reciprocity or Endorsement	Canadian Internship Accepted as Equivalent to First-Year Graduate Training Served in a U.S. Hospital
Alabama	Yes	No
Alaska	Yes	Yes[f]
Arizona	Yes	Yes
Arkansas	Yes	Yes
California	No	Yes
Colorado	No	Yes
Connecticut	Yes	Yes
Delaware	Yes	Yes
District of Columbia	No	Yes
Florida	No	Yes
Georgia	Yes	Yes
Guam	Yes	—
Hawaii	No	Yes
Idaho	No	Yes
Illinois	Yes	Yes
Indiana	Yes	Yes
Iowa	Yes[a]	—
Kansas	Yes	Yes
Kentucky	Yes	Yes
Louisiana	No[b]	See[k]
Maine	Yes	Yes
Maryland	Yes[a]	Yes[b]
Massachusetts	Yes[b]	No[b]
Michigan	No	Yes
Minnesota	Yes	Yes
Mississippi	Yes	Yes
Missouri	No	See[b]
Montana	Yes	Yes
Nebraska	Yes	Yes
Nevada	No	Yes
New Hampshire	Yes	Yes[l]
New Jersey	No	Yes[l]
New Mexico	Yes	—
New York	Yes[a]	Yes
North Carolina	No	Yes
North Dakota	Yes	Yes
Ohio	Yes	No[b]
Oklahoma	No	Yes
Oregon	Yes	Yes
Pennsylvania	Yes[d]	Yes
Puerto Rico	No	—
Rhode Island	Yes[a]	Yes[b]
South Carolina	No	Yes
South Dakota	Yes	Yes
Tennessee	Yes	See[b]
Texas	Yes[a]	Yes
Utah	Yes	Yes
Vermont	No	Yes
Virgin Islands	No	Yes[f]
Virginia	Yes	—
Washington	No[f]	Yes
West Virginia	Yes	Yes
Wisconsin	Yes[a]	Yes
Wyoming	No[b]	Yes

*All State Boards of Medical Examiners consider Canadian citizens who have graduated from an approved Canadian medical school, on the same basis for licensure as graduates of approved U.S. medical schools.

[a]Must be endorsed by provincial licensing board. [f]Training not required.

[b]On an individual basis (if not also American Specialty Board certified for MD).

[d]Applicant must have received LMCC after 5-12-78. [k]By vote of board.

[l]Can be used instead of Days II & III of FLEX—if used, must have 75% grade on Day I of FLEX to pass.

[n]If taken after 1-1-78. [o]Only FLEX. [q]If approved by Canadian Medical Association or AMA.

[r]Two years formal postgraduate training required. —Did not respond.

TABLE 10
POLICIES OF STATE BOARDS OF MEDICAL EXAMINERS FOR PHYSICIANS TRAINED IN FOREIGN COUNTRIES OTHER THAN CANADA

State	Permits Partial Re-sits of FLEX	ECFMG Certificate	Permits Candidate to Take FLEX without U.S. Training	Number of Years of U.S. Graduate Training required for Licensure	Examination Fee
Alabama	No	Yes	No	1	$150
Alaska	Yes	Yes	No	—	150
Arizona	No	Yes	No	2	200
Arkansas	No	Yes	Yes	1	125
California	Yes	No	Yes	1[b]	100
Colorado	No	Yes	Yes	1	99
Connecticut	Yes[a]	No	No	2	180
Delaware	No	Yes	No	1	240
District of Columbia	No	Yes	No	1	200
Florida	No	Yes	Yes[c]	1[d]	175
Georgia	No	No	Yes	1	200
Guam	Yes	Yes	Yes	—	150
Hawaii	No	Yes	No	3	125
Idaho	No	Yes	No	3[e]	200
Illinois	Yes	Yes[f]	No[g]	1	75
Indiana	No	Yes[h]	Yes	2	250
Iowa	No	Yes	Yes	2	100
Kansas	No	Yes	No	1	100
Kentucky	No	Yes	No	1	150
Louisiana	No	Yes	No[i]	3	150[k]
Maine	Yes	Yes	No	1	100[l]
Maryland	No	Yes	No	1	240
Massachusetts	No	Yes	Yes	0	125
Michigan	Yes	Yes	No	1	186
Minnesota	Yes	Yes	Yes	—	123
Mississippi	No	Yes	No	3	175
Missouri	No	Yes	No	1	250
Montana	No	Yes	Yes	0	100
Nebraska	No	Yes	No	1	150
Nevada	No	No	No	1[j]	200
New Hampshire	Yes[b]	Yes	No	2	150
New Jersey	Yes	No	No	1	150
New Mexico	No	Yes	Yes	0	175
New York	Yes	Yes	No	3	150
North Carolina	No	Yes	Yes	1	150
North Dakota	Yes	No	No	1	150
Ohio	No	Yes	No	2	150
Oklahoma	Yes	Yes	Yes	1	300
Oregon	Yes	Yes	Yes	2	150[l]
Pennsylvania	No	Yes	No	1	150
Puerto Rico	Yes	No	Yes	—	30
Rhode Island	No	Yes	No	2	180
South Carolina	Yes	Yes	Yes	1	220
South Dakota	Yes	Yes	No	1	150
Tennessee	No	Yes	No	1	150
Texas	Yes[a]	Yes	Yes	3	225
Utah	No	Yes	No	1	100
Vermont	No	Yes	Yes	1	200
Virgin Islands	No	Yes	No	1	100
Virginia	Yes	Yes	No	1	175
Washington	No	Yes	Yes	0	100
West Virginia	No	Yes	No	1	150
Wisconsin	No	Yes	No	1	80
Wyoming	No	Yes	Yes	1	200

Yes—implies Yes. No—implies no or no requirement.

[a]If applicant does not make a FWA of 75%, he/she must repeat each day of the FLEX exam in which he/she did not score 75.

[b]Only if originally taken in NH. [c]At the discretion of the board. [d]Or Visa Qualifying Examination.

[e]ECFMG certificate required for U.S. citizen FMGs and FMGs on permanent resident and immigrant visas. All other FMGs require the Visa Qualifying Examination.

[f]One year postgraduate training or 5 years licensed practice in state or country. [g]Unless registered in approved training program in LA.

[h]One year in CA, 2 in other states. [i]Temporarily until permanent rule.

[j]Three years total. [k]Effective 1-1-83. [l]Plus cost of FLEX (Eff. 1-1-83 in ME).

TABLE 10 (Continued)

ALABAMA: Foreign physicians must have completed 1 year AMA approved residency program, passed ECFMG exam, appear for a personal interview, and pass an oral exam.

ARIZONA: Two years of approved graduate training in U.S. or Canadian hospitals required.

CALIFORNIA: Noncitizens — 1 year residency in an approved hospital in California after passing written examination, or specialty board certification based on U.S. or Canadian training. (with no more than 1 year of training in another country.) With Declaration of Intention—4 years engaged in the practice of medicine in U.S. hospitals approved for postgraduate training or board certification as above. U.S. citizens—1 year of residency in an approved hospital in the U.S. Written (FLEX) and oral and clinical examination required of all FMGs. U.S. citizens with diplomas from Mexican medical schools must complete an approved "special supervised clinical internship" program, pass written examination, and complete 1 year of internship.

COLORADO: Credentials may be submitted in original form and accompanied by translation. One year of approved graduate training required in U.S. or Canada.

DISTRICT OF COLUMBIA: Considered on individual basis.

FLORIDA: One year of AMA approved training or 5 years licensed practice in another state or country. ECFMG certificate waived if physician has U.S. Specialty Board certificate and has 4 years of licensed practice in another state in 5 years preceding application in Florida.

GEORGIA: Must have lived in the U.S. 1 year and completed 1 year of postgraduate training.

GUAM: Legal residence for 1 year required.

IDAHO: Considered on an individual basis.

ILLINOIS: Medical education program must be approved. Candidate can take FLEX without U.S. training at the discretion of the board.

INDIANA: Must have 2 years approved graduate training in U.S. to become licensed, but residency not required to take exam; or can serve a 2 year preceptorship in Indiana.

IOWA: The medical examiners may accept in lieu of a diploma from a school of medicine approved by this board all the following: (a) a diploma issued by a medical college which has been neither approved nor disapproved by the medical examiners, (b) completion of 2 years of training as a resident physician which training has been approved by or is acceptable to the medical examiners, and (c) recommendations of the ECFMG or Fifth Pathway.

KANSAS: Medical school transcripts and certificate that the college is recognized by authorities of such foreign country as qualifying its graduates for practice therein; diploma from such college; certificate of licensure in the country where graduated; all documents to be translated into English and certified by the consul. One year approved AMA postgraduate training in U.S. or Canada either ECFMG, Fifth Pathway or VOE exam.

KENTUCKY: Foreign medical graduates must graduate from a board approved medical school, obtain ECFMG certification or be certified by a U.S. Specialty Board, have completed 1 year of AMA or CMA approved hospital training and have passed the state medical exam in one sitting with an overall average of 75%.

LOUISIANA: Must have had 3 years AMA approved graduate training in U.S. or Canadian hospitals. Exception — FMG's not qualified for unrestricted licensure may take FLEX without U.S. training to obtain an institutional temporary permit for employment in state operated institutions only), a teaching/research temporary permit (to teach and/or for research at one of LA's 3 medical schools), or for a graduate educational temporary permit (to participate in postgraduate training).

MAINE: Candidates must have 1 year of AMA approved postgraduate training or Canadian postgraduate training.

MINNESOTA: FLEX exam may be taken without U.S. training if candidate has been accepted in recognized training program.

MISSISSIPPI: Reciprocity with other states when licensed on the basis of FLEX with grade of at least 75 obtained at a single sitting of FLEX and completion of 3 yrs. of approved postgraduate training in U.S. or Canada.

MONTANA: Considered on individual basis.

NEBRASKA: One year approved residency in U.S. or Canadian hospital required.

NEVADA: Three years postgraduate training satisfactory to the board, 1 year of which is approved residency in a U.S. or Canadian hospital.

NEW HAMPSHIRE: Proof of a commitment to practice in the State of New Hampshire. Permits partial retake of FLEX if original taken in New Hampshire. Must serve at least 2 years residency in approved hospital in U.S.

NEW JERSEY: Candidates required to have not less than 1 year training in a hospital approved by the board.

NEW MEXICO: A graduate of a foreign medical school may be granted a license by endorsement at the discretion of the New Mexico Board of Medical Examiners in the same manner as if the applicant had graduated from a medical college located in the U.S. or its possessions.

NEW YORK: ECFMG or equivalent plus 3 years approved hospital training required.

NORTH CAROLINA: FMGs must take North Carolina examination.

NORTH DAKOTA: Considered on an individual basis.

OHIO: Must serve at least 2 years residency in approved hospital in this country, or its equivalent.

OREGON: Must show evidence of internship and/or residency of not less than 2 years in not more than two U.S. or Canadian hospitals approved for such training. The board may accept training completed in a recognized hospital in an English speaking country in lieu of one year of the required U.S. training.

TABLE 10 (Continued)

PENNSYLVANIA: Graduates of foreign medical schools who are board certified are considered on an individual basis.

RHODE ISLAND: Two years of graduate training in an approved hospital in U.S. or Canada are required.

TENNESSEE: Each applicant considered on an individual basis following 1 year of training and ECFMG certificate.

TEXAS: All foreign-trained physicians must complete 3 years postgraduate training in an approved U.S. residency program or be American Specialty Board eligible. Applicants with questionable credentials must appear before entire board. Specialty Board certificate may be substituted for ECFMG certificate.

VIRGIN ISLANDS: Must have permanent visa and ECFMG certificate plus 1 yr. approved internship or residency.

VIRGINIA: One year of accredited hospital training in approved hospital in the U.S. or Canada.

WEST VIRGINIA: Original medical school diploma and official translation. Original ECFMG certificate and 1 year of accredited hospital training in approved hospital in U.S. or Canada.

WYOMING: Oral examination required. Considered on individual basis.

TABLE 11

POLICIES OF LICENSING BOARDS WITH RESPECT TO PHYSICIANS FROM FOREIGN MEDICAL SCHOOLS

State	Require ECFMG certificate before admission to FLEX?	Are physicians who complete a FMG Pathway program qualified licensure candidates in your state?	Endorse the Canadian certificate (LMCC) when held by an FMG?
Alabama	Yes	Yes	Yes
Alaska	Yes	No	—
Arizona	Yes	Yes[a]	Yes
Arkansas	Yes	No	No
California	No	Yes	No
Colorado	Yes	Yes	No
Connecticut	No	Yes	Yes
Delaware	Yes	No	No
District of Columbia	Yes	Yes	No
Florida	No[a, b]	Yes[a, b]	No
Georgia	No	Yes[a]	No
Guam	—[a]	No	—
Hawaii	Yes	No	No
Idaho	Yes	Yes	No
Illinois	Yes[a]	Yes	Yes[a]
Indiana	Yes[a]	Yes	Yes[a]
Iowa	Yes	Yes[a]	Yes
Kansas	Yes	Yes	No
Kentucky	Yes	Yes	Yes
Louisiana	Yes	Yes[a]	No
Maine	Yes	Yes	No
Maryland	Yes[a]	Yes	Yes[a]
Massachusetts	Yes	Yes	No
Michigan	Yes	Yes	No
Minnesota	—	Yes	—
Mississippi	Yes	Yes[a]	No
Missouri	Yes	Yes	No
Montana	Yes	Yes[a]	No[a]
Nebraska	Yes	Yes	No
Nevada	No	Yes	No
New Hampshire	Yes	Yes	Yes
New Jersey	No	Yes[a, c]	No
New Mexico	Yes	No	Yes
New York	Yes	Yes	No
North Carolina	Yes	Yes[a]	No
North Dakota	Yes	Yes[a]	Yes
Ohio	Yes	Yes[a]	Yes
Oklahoma	Yes	Yes	No
Oregon	No	Yes[a]	No
Pennsylvania	Yes	Yes[a]	Yes[a]
Puerto Rico	—	Yes	—
Rhode Island	Yes	Yes	Yes
South Carolina	Yes	Yes	No
South Dakota	Yes	Yes[a]	Yes[a]
Tennessee	Yes	Yes[a]	No[a]
Texas	Yes	Yes[a]	Yes[a]
Utah	Yes	Yes	Yes
Vermont	Yes	Yes[a, d]	No
Virgin Islands	Yes	No	No
Virginia	Yes	Yes	Yes[a]
Washington	No	Yes[a]	No[a]
West Virginia	Yes	No	Yes
Wisconsin	Yes	Yes[a]	Yes[a]
Wyoming	No	Yes	No

TABLE 11 (Continued)

[1] If passed Parts I and II of the NB or ECFMG equivalent.
[2] Only after 1 year of postgraduate training (or 5 years licensed practice in state or foreign country—FL ONLY).
[3] Or Visa Qualifying Examination.
[4] ECFMG Certificate required for permanent residents, naturalized U.S. citizens, and USFMGs. VQE for all other FMGs.
[5] Except those that complete Fifth Pathway.
[6] After completion of an additional 12 month postgraduate training program.
[7] If all other requirements for licensure are met.
[8] May be counted as 1 of the 3 years of postgraduate training.
[9] Only if U.S. citizen FMG.
[10] If they pass the ECFMG examination.
[11] May be counted as 1 of the 2 years of postgraduate training.
[12] Must have FLEX.
[13] Only if graduate of approved medical education program.
[14] With 2 years of postgraduate training.
[15] If Canadian educated.
[16] If taken after 1-1-76 (WI); 6-12-79 (PA).
[17] If LMCC is written.
[18] If passed LMCC before 1-1-79 (TN).
[19] LMCC credited for days 2 and 3 of FLEX for all MDs.
—Did not respond.

MEDICAL LICENSURE FEES AND REGISTRATION

The fee charged by each of the medical licensing boards for registration by examination or endorsement of credentials is shown in Table 12. The average fee for licensure by examination is $153 and $134 for licensure by endorsement or reciprocity.

The majority of boards require physicians licensed in the state to register each year or every two years; a few states have longer registration intervals. (Table 13). The average relicensure fee is $90.00 with a substantial amount of variation among the states. California has the highest fee ($200) followed by Connecticut ($160); while Puerto Rico and Utah ($10) have the lowest fees.

RESTRICTED LICENSES AND EDUCATIONAL PERMITS

Forty-nine boards provide for the issuance of temporary and educational permits, limited and temporary licenses or other certificates for the practice of medicine (Table 14). The terms for the issuance of such certificates vary. They may be applied: (1) to hospital training of those eligible for licensure, (2) for supervised employment in state or private hospitals, and (3) for full-time practice until the next regular session of the licensing board. These permits must generally be renewed once a ye. with a stipulated maximum number of renewals al wed (usually five years).

Some states have l islation permitting their long-term tuberculosis an mental hospitals to hire unlicensed physicians to ork under the supervision of a licensed physician. I many instances, the state departments of mental health and public health that operate these hospitals will not hire a physician who has not had a year of graduate training in an English-speaking hospital. Foreign medical graduates are generally not considered for these positions unless they are in the U.S. with a permanent immigrant visa. An unlicensed physician employed by a state hospital is required in most states to register with the state board of medical examiners, which may issue a limited permit to practice within the institution.

TABLE 12
FEES FOR ISSUING MEDICAL LICENSES BY EXAMINATION AND BY RECIPROCITY OR ENDORSEMENT*

State	Examination	Reciprocity or Endorsement
Alabama	$150	150
Alaska	150	126
Arizona	200	200
Arkansas	125	135
California	100	200*
Colorado	112	99
Connecticut	150	150
Delaware	240	150
District of Columbia	200	200
Florida	175	175
Georgia	200	200
Guam	50	50
Hawaii	125	125
Idaho	200	200
Illinois	75	150*
Indiana	250	200
Iowa	100	100
Kansas	100*	130
Kentucky	150	125
Louisiana	150*	150*
Maine	100*	125
Maryland	200	140
Massachusetts	125	75
Michigan	166	106
Minnesota	136	100
Mississippi	175	175
Missouri	250	260
Montana	100	100
Nebraska	150	100
Nevada	200	200
New Hampshire	150	150
New Jersey	150*	150
New Mexico	200	100
New York	150	75
North Carolina	150	100
North Dakota	150	100
Ohio	150	175
Oklahoma	300	100
Oregon	150*	150
Pennsylvania	150	100
Puerto Rico	30	30
Rhode Island	150	150
South Carolina	220	165
South Dakota	225	100
Tennessee	150	175
Texas	285	225
Utah	150	100
Vermont	105	105
Virgin Islands	100	85
Virginia	175	175
Washington	109	75
West Virginia	150	150
Wisconsin	89	50
Wyoming	300	100

*In many cases there is an additional recording or registration fee. Some states have slightly higher fees for foreign graduates, see Table 10.

TABLE 13
STATES REQUIRING RELICENSURE BY REGISTRATION INTERVAL AND FEE

State	Registration Interval (years)	Fee
Alabama	1	$60
Alaska	2	100
Arizona	1	100
Arkansas	1	15
California	2	200*
Colorado	1	18
Connecticut	1	150
Delaware	2	30
District of Columbia	2	120
Florida	2	50
Georgia	2	50
Guam	1	20
Hawaii	2	150
Idaho	1	80
Illinois	2	40
Indiana	2	40
Iowa	1	20
Kansas	1	30
Kentucky	1	12
Louisiana	1	25
Maine	2	50
Maryland	2	50
Massachusetts	2	50
Michigan	3	120
Minnesota	1	20
Mississippi	1	50
Missouri	1	30
Montana	1	36
Nebraska	1	15
Nevada	1	80
New Hampshire	1	50
New Jersey	2	30
New Mexico	1	15-30
New York	2*	80*
North Carolina	2	30
North Dakota	1	40
Ohio	2	100
Oklahoma	1	50
Oregon	1	66*
Pennsylvania	2	75
Puerto Rico	4	16
Rhode Island	1	50
South Carolina	1	60
South Dakota	1	40
Tennessee	1	36
Texas	1	35
Utah	1	10
Vermont	1	50
Virgin Islands	1	100
Virginia	1	15
Washington	1	35
West Virginia	2	25
Wisconsin	2	25
Wyoming	1	50

*Fee is $100 for resident. †Endorsement fee $75.
*Plus $130 licensure fee. *Fee $500 effective 1-1-88.
*Plus cost of FLEX. (Effective 1-88 ME).
†Plus $100 for issuance of license.
‡As of 1-1-88 registration will be biennial and the fee will be $120.
* Active, $45 inactive out of state.

TABLE 14

TEMPORARY AND EDUCATIONAL PERMITS, LIMITED AND TEMPORARY LICENSES AND OTHER CERTIFICATES ISSUED BY STATE LICENSING BOARDS, 1982

Alabama	Limited license for residency training. For work in state penal and mental institutions only.
Alaska	Temporary permits issued for specific period (8 months maximum) while processing permanent licensure. Locum tenens for 120 days to a licensed MD.
Arizona	Arizona offers limited licensure for five years in geographic areas of need and for such services will accept a FLEX weighted average of 70% or more (FLEX must be taken for licensure). Will forgive ECFMG and will forgive 2nd year of graduate education. To obtain regular licensure, a FLEX weighted average of 75% or more. Temporary licenses may be granted for community medical emergency need.
Arkansas	Temporary permits issued for limited time in cases of emergency and to prevent hardships. Valid until next board meeting (FMGs ineligible).
California	Certificates of Registration on an individual basis may be granted for 1-5 years (renewable) to physicians who do not immediately meet licensure requirements and who have been offered fulltime teaching positions in California medical schools. Their practice of medicine is limited to the extent such practice is incidental to, and a necessary part of, his or her duties, as approved by the Division of Licensing. Permits may be granted to non-citizen physicians on an individual basis for post graduate work: 1) as a fellow, instructor or exchange professor in a California medical school for a maximum of 5 years, or 2) as a fellowship program participant in a medical specialty for one year (renewable) in a JCAH approved hospital. Practice of medicine is limited.
Connecticut	Issues temporary permits only to those physicians who have been offered a position in a state hospital or state facility and is valid for 1 year only, not renewable or extendable.
Delaware	Temporary permit until board meets for endorsement candidates, locum tenens. Limited institutional license issued under supervision of licensed physician.
Florida	One year certificate for full-time medical faculty member limited to teaching hospitals — Renewable for two years only. Temporary license for MDs licensed in another state for practice in area of critical need with a population less than 7500. Limited license can be issued to retired physicians who had valid license in good standing in another state for at least 10 years. Restrictions: in employ of public agencies, institutions or non-profit agencies. These institutions must be located in medically underserved areas as defined by board.
Georgia	Extension of 1 year educational permit or limited license, is possible for those who have lived in the U.S. at least 1 year, have 1 year AMA or AOA approved post-graduate training and the ECFMG Certificate. Board may issue limited licensure for 1 year in medically underserved areas, or for state institutions. Temporary permits for reciprocity/endorsement applicants between board meetings.
Hawaii	For residents. Also, for physicians to work for state or county agency in cond ns of shortage or emergency or under supervision of licensed MD.
Idaho	Temporary license unavailable to FMGs.
Illinois	Temporary certificate issued for residency training. Issued for a period not to exc ed 2 years, and may not be extended or renewed, unless the holder receives a license to practice medicine in all branches from the state in which he resides, and if a temporary certificate for a non-resident is therefore extended it shall not extend beyond completion of the residency program. Permit for 6 months issued for reciprocity applicants who are pending examination.
Indiana	Temporary license pending results of first FLEX examination for graduates of approved medical schools or until endorsement license can be processed. Temporary medical permits granted to residents, whether they are foreign or U.S. graduates.
Iowa	Resident physician license for training in approved hospital under supervision of licensed physician. Temporary license for 1 year issued at discretion of board. May be renewed for 2 additional years.
Kansas	Temporary permit until next board meeting after completed application has been processed, and found to be in order. Fellowships to work in state institutions. Resident certificates for residents, visiting professor license, out-of-phase special permit.
Kentucky	Temporary permit until board meets; for endorsement candidates only.
Louisiana	No unrestricted temporary permits (t.p.) issued except under extreme circumstanc . Board meets every 6-8 weeks to act on reciprocity licensure applications. Board must act on exam applicants requiring restricted t.p. Exam applicants issued institutional t.p. if possible. Foreign graduates granted temporary permits for appr ed residency training, employment in state institutions, and for teaching/research assignments, but all must pass FLEX- xam.
Maine	Temporary seasonal camp. Educational permits 1 year in specific hospital renewable for 5 years. Locum tenens up to six months.
Maryland	Temporary permit for one year for post-graduate teaching.
Massachusetts	Limited registration covering intern, fellow or medical officer of medical facilities. Temporary license available for faculty appointment in a medical school for a period of up to 3 years. Temporary license available for a physician licensed in another state acting as a substitute for up to 3 months. Temporary license for a diplomate of specialty board acting as a substitute for up to 3 months, with practice limited to that specialty.
Michigan	Limited annual license for postgraduate training renewable each year; not to exceed 5 years.
Minnesota	A certificate of graduate training for qualified foreign graduates. Temporary license valid until next board meeting.
Mississippi	Temporary licenses issued for specific period or until next examination, while processing permanent licensure.

TABLE 14 (Continued)

Missouri	Temporary license issued to residents, fellows only.
Montana	Temporary license is granted to physicians to practice in specified location in the interim between license meetings. Must appear at next board meeting to have temporary license renewed.
Nebraska	Temporary educational permits for residents and temporary visiting faculty permits for medical school faculties.
Nevada	Temporary permit for 1 year as a resident in a Nevada hospital. Candidate must have 1 year post-graduate training. Locum tenens license six months to qualified candidates. Special license to physicians of adjoining and other states for specific purposes.
New Hampshire	Board has the authority to grant temporary/restricted license for the best interests of the state. Candidates must meet all requirements for full licensure. Cannot be used to practice pending board action.
New Jersey	Temporary license for a lawfully qualified physician of another state to take charge of the practice of a licensed MD of this state during his absence from the state. Temporary license issued for 4 months. Exemption from licensure to work in county or state institution for a limited period.
New Mexico	Institutional permit issued for practice in state hospitals only. Residents must register with the board of medical examiners. Temporary licenses issued until next board meeting.
New York	Limited permit required for all medical school graduates except for residents in public hospitals. ECFMG required of all foreign graduates before limited permit may be issued.
North Carolina	Limited license issued for duration of residency to physicians not eligible for licensure by endorsement. Limited permits for employment in state mental hospitals. Temporary licenses are issued to eligible endorsement applicants beginning practice prior to board meeting.
North Dakota	Temporary license between interval of board meetings. Locum tenens for limited license for physicians employed in state hospitals. Locum tenens not to exceed 3 months.
Ohio	Temporary certificates for approved residency training (optional). Limited certificates for employment in state hospitals.
Oklahoma	Temporary license for 1 year for residency training in approved hospital, may be renewed for duration of training.
Oregon	Limited License, Institutional Practice, Public Health, Student Health Service good for one year, may be extended to three years. Limited License, Institutional Practice good only in state institutions. Limited License, Resident and Fellow may be renewed annually.
Pennsylvania	Graduate education training: registration issued for training in approved hospital for 12 months. May be renewed for additional 12 months for the length of time required for certification by specialty board. All trainees at 3rd year level, or beyond, must possess full and unrestricted license to practice medicine in U.S. or Canada. Limited licenses may be granted to FMG's with professorial status to teach and/or practice medicine and surgery.
Rhode Island	One year limited medical registration to trainees appointed as an intern, fellow or medical officer in a hospital. Practice is limited to the designated institution and must be under the supervision of one of its medical officers who is licensed in this state.
South Carolina	Limited certificate for training on a yearly basis. Temporary licenses are issued to eligible endorsement applicants beginning practice prior to board approval. Limited certificate for foreign graduates and others having required credentials.
South Dakota	Temporary permit to graduates of unapproved medical schools for practice in state institutions provided applicant passes examination. Sixty-day locum tenens permit.
Texas	Temporary license issued to next board meeting date; if applicant has passed both the FLEX and a Texas Jurisprudence Exam or if applicant holds a valid license and has passed Texas Medical Jurisprudence Exam. Foreign graduates must be ECFMG certified or have certificate from a specialty board.
Utah	Temporary license for 6 months, issued (1) due to local or national emergency; (2) lack of adequate medical care in a community; and (3) when circumstances surrounding an application indicate that an applicant should first be observed in the regular and continuing clinical practice of medicine before a regular license is issued.
Vermont	Limited license to interns, residents, fellows, or house officers working under supervision of licensed physician.
Virginia	Permanent licenses issued every two weeks upon completion of application with approval of the secretary and credentials committee and final validation at next full board meeting. Special license available for full or associate professor in medical school or an affiliated clinic. Special license available for fellowship recipients.
Virgin Islands	Temporary certificate issued to military service personnel on duty, and to municipal personnel until next board meeting.
Washington	Limited license for state institutions, city or county health departments and resident physicians.
West Virginia	Temporary license issued to next board meeting date, after completed application for permanent license has been filed, processed and found in order. Educational training permit issued to qualified interns and residents. Foreign graduates must be ECFMG certified.
Wisconsin	Temporary educational certificates issued for residency training. May be renewed annually for not more than 5 years. Temporary licenses to practice medicine and surgery until next board meeting at which qualified physicians are eligible for license by endorsement after completed application for permanent license is filed and processed. Camp physician's license issued to physicians who wish to do locum tenens or work in a camp up to 90 days.
Wyoming	Temporary permit issued between board meeting dates after completed application for permanent license has been filed, processed and found in order. Citizenship requirements may be waived and temporary license granted on an annual basis at the discretion of the board provided the applicant successfully completes ECFMG examination and board's written examination; citizenship must be obtained within 5 years.

NATIONAL BOARD OF MEDICAL EXAMINERS

The National Board of Medical Examiners, a non-profit, independent organization, prepares and administers qualifying examinations such that legal agencies governing the practice of medicine within each state may, at their discretion, grant a license without further examination for those who have completed successfully the examinations of the National Board and have met such other requirements as the National Board may establish for certification of its Diplomates. The National Board is not a licensing body. It is the function of the individual states to determine who shall practice medicine within their borders and to maintain high standards of medical practice in accordance with their own rules and regulations.

National Board certification provides a permanent record of qualification for licensure as reported elsewhere in this publication. The National Board, at the request of the Diplomate, will certify examination scores to the various licensing authorities, thus providing qualification without further examination.

To be eligible for admission to the Part I and Part II examinations as a candidate for National Board certification, an individual must be a medical student officially enrolled in or a graduate of a United States or Canadian medical school accredited by the Liaison Committee on Medical Education (LCME). A student need not wait until completion of any specific year of the medical school curriculum to take Part I or Part II, nor does Part I need to be taken before Part II.

An individual must be registered as a candidate for National Board certification to be admitted to Part III. A candidate is eligible for Part III when he or she has received the MD degree from an accredited medical school in the United States or Canada and, subsequent to receiving or completing all requirements for the MD degree, has served with a satisfactory record for at least six months in an approved hospital residency. Approved internships in Canada are also recognized as meeting this requirement.

To be eligible for National Board certification, an individual must:

(a) have received the MD degree from a medical school in the United States or Canada which was accredited by the LCME at the time the MD degree was granted;

(b) have passed Parts I, II, and III, and received credit as a candidate; and

(c) have completed, with a satisfactory record, one full year of a residency training program that is accredited by the Accreditation Council for Graduate Medical Education (ACGME) during the time the residency is taken.

In addition to the use of National Board examinations for the purpose of obtaining licensure, the Part I and Part II examinations are used by a number of medical schools for intramural assessment of educational achievement. At the request of, and as a service to accredited medical schools in the United States and Canada, medical students who are officially enrolled in such schools may be registered by the school to take the official Part I or Part II as non-candidates, i.e., examinees who are not seeking credit for certification by the National Board of Medical Examiners. Those non-candidates who continue to meet candidate eligibility requirements and wish to become candidates for National Board certification may apply for and will receive retroactive credit for a Part I or Part II examination they have passed as a non-candidate.

NATIONAL BOARD CERTIFYING EXAMINATIONS

Part I, a two-day written (multiple-choice) examination in the basic medical sciences, includes questions in anatomy, behavioral sciences, biochemistry, microbiology, pathology, pharmacology, and physiology. Each subject contributes approximately the same number of questions to the examination. The questions have been devised to test not only the examinee's knowledge, but also the subtler qualities of discrimination, judgment, and reasoning. Some questions will deliberately cross over the lines of disciplines and might appropriately be considered in such categories as molecular biology, cell biology, genetics, etc. Certain questions test the examinee's recognition of the similarity or dissimilarity of diseases, drugs, and biochemical, physiologic, behavioral or pathologic processes. Other questions evaluate the examinee's judgment as to whether cause and effect relationships exist. Descriptions of scientific problems presented in narrative, tabular, or graphic form, followed by a series of questions, assess the examinee's knowledge and comprehension of the situation described.

Part II, also a two-day written (multiple-choice) examination, covers the clinical sciences and includes approximately the same number of questions in each of the following subjects: internal medicine, obstetrics and gynecology, pediatrics, preventive medicine and public health, psychiatry, and surgery, each with related subspecialties. The questions, of the same form as those in Part I, are designed to cover a broad spectrum of knowledge in each of the clinical areas. In addition to

single questions, the examinations include presentation of clinical problems in the form of case histories, roentgenograms, photographic representations of gross or microscopic pathologic specimens, tables of laboratory data, and other graphic or tabular materials; questions requiring the interpretation of these materials are asked in relation to clinical problems. These sets of questions are designed to explore the extent of the examinee's knowledge and understanding of clinical situations and to test ability to bring information from many different clinical and basic science areas to bear upon these situations.

Part III is a one-day examination designed to measure clinical competence, with special emphasis on ability to use medical knowledge to solve a variety of clinical problems. Part III consists of three sections, the first two employ standard multiple-choice techniques like those of Parts I and II; the third section employs a patient management problem (PMP) format to evaluate knowledge and strategies in diagnosis and management.

The first section of Part III is a multiple-choice examination addressing important aspects of therapy and management, with particular attention to pharmacotherapy, other therapies, and life support measures. Emphasis is on indications, contraindications, and risks of a variety of therapeutic interventions.

The second section of Part III is a multiple-choice examination incorporating a variety of pictorial and graphic material presenting clinical or laboratory findings and exploring the indications, interpretations, and implications of these findings for management of the involved patient. Included are photographic reproductions of roentgenograms, skin lesions, facies, also electrocardiograms, scans (radioisotopic, ultrasonic, and computed tomographic), charts, photomicrographs, etc.

The third section of Part III consists of PMPs which present medical problems in a manner resembling actual clinical encounters. For actions deemed appropriate (in history taking, physical examination, other diagnostic evaluations, or management), the PMP format (through a latent image exposed by a special pen) provides to the examinee the results of the choices made, upon which the examinee can build a logical approach to the problem and a pathway to an appropriate solution. Many PMPs move sequentially from presenting a problem through several steps in evaluation (history, physical examination, laboratory, or other diagnostic studies) to choices in management which will depend, as the problem unfolds, upon the information developed at each step. The score for the PMP is determined by the number of correct choices made (selection of appropriate options and rejection of inappropriate ones).

In 1980, 14,912 candidates took Part I of the National Board. Of that number, 12,238 or 82.1% passed. There were 13,329 candidates who took Part II in 1980, of whom 13,100 or 98.3% passed. For Part III, there were 12,476 candidates, of whom 12,179 or 97.6% passed.

In 1981, 14,719 candidates took Part I of the National Board. Of that number, 12,346 or 83.9% passed. There were 13,357 candidates who took Part II in 1981, of whom 13,023 or 97.5% passed. For Part III, there were 12,585 candidates, of whom 12,309 or 97.8% passed. The percentages passing in the three examinations for 1980 and 1981 were generally consistent with recent years' experience.

Table 15 shows the numbers of NBME examinations administered in 1981 as compared with 1965 and 1975.

In 1981, the National Board awarded a total of 11,884 diplomate certificates of which 11,624 were awarded to graduates of U.S. medical schools and 260 were awarded to graduates of Canadian medical schools. Table 16 shows the number of diplomates certified in 1981 according to medical school of graduation.

VISA QUALIFYING EXAMINATION (VQE)

Among the testing programs of the National Board is the Visa Qualifying Examination. The 1976 and 1977 amendments to the Immigration and Nationality Act require alien physicians coming to the United States principally to perform services as members of the medical profession, to have passed an examination which is equivalent to the Part I and Part II examinations. The National Board has devised a two-day Visa Qualifying Examination (VQE) composed of approximately equal proportions of basic science and clinical science test items from National Board Part I and Part II examinations which the Secretary of Health and Human Services has determined to be equivalent to the National Board Part I and II for purposes of this Act. The Educational Commission for Foreign Medical Graduates accepts a passing score on the VQE as satisfying the medical science examination portion of the ECFMG certification requirements. The scoring of the VQE is based on the performance of National Board candidates who have taken the same test material on Part I and Part II of the National Board Examination. The test is divided into two major sections (basic science and clinical science) each of which must be passed independently. The VQE is administered annually in approximately 30 testing centers established throughout the world by the Educational Commission for Foreign Medical Graduates.

In 1980, a total of 4,956 foreign physicians took the complete examination or repeated the basic or clinical science portion only. Of this total group, 25% passed the portions of the examination that they took. In 1981, a total of 5,574 foreign physicians took the complete examination or repeated the basic or clinical science portion only. Of this total group, 20% passed the portions of the examination that they took. The number of examinees and pass rates for 1981 by major subgroups are displayed in Table 17.

TABLE 15

EXAMINATION ACTIVITY OF THE NATIONAL BOARD OF MEDICAL EXAMINERS
1966, 1975, 1981

National Board Examinations		Examinations Administered		
		1966	1975	1981
Total	Parts I, II and III	15,818	28,948	43,083
	Total	8,250	15,254	16,119
	Candidates	5,301	12,873	14,719
	Non-Candidates	968	2,881	1,400
Part II:	Total	5,568	11,836	14,439
	Candidates	4,485	10,462	13,357
	Non-Candidates	1,083	1,373	1,082
Part III:	Candidates	3,981	8,859	12,905

TABLE 16

PHYSICIANS AWARDED NATIONAL BOARD CERTIFICATES BY MEDICAL SCHOOL, 1961

State	School	Diplomates (Number)
Total		11,864
United States Medical Schools		11,624
ALABAMA	Univ. of Alabama	100
	Univ. of South Alabama	53
ARIZONA	Univ. of Arizona	54
CALIFORNIA	Univ. of Calif., San Francisco	147
	Univ. of Southern Calif.	149
	Stanford Univ.	70
	Loma Linda Univ.	114
	Univ. of Calif., Los Angeles	157
	Univ. of Calif., Irvine	79
	Univ. of Calif., San Diego	109
	Univ. of Calif., Davis	92
COLORADO	Univ. of Colorado	107
CONNECTICUT	Yale Univ.	96
	Univ. of Connecticut	81
DISTRICT OF COLUMBIA	George Washington Univ.	131
	Georgetown Univ.	181
	Howard Univ.	105
FLORIDA	Univ. of Miami	158
	Univ. of Florida	106
	Univ. of South Florida	71
GEORGIA	Medical Coll. of Georgia	158
	Emory Univ.	115
HAWAII	Univ. of Hawaii	73
ILLINOIS	Rush Medical Coll.	109
	Univ. of Chicago	108
	Northwestern Univ.	168
	Univ. of Illinois	315
	Chicago Medical School	110
	Loyola Univ.	133
	Southern Illinois Univ.	40
IOWA	Univ. of Iowa	4
KANSAS	Univ. of Kansas	128
KENTUCKY	Univ. of Louisville	83
	Univ. of Kentucky	113
LOUISIANA	Tulane Univ.	12
	Louisiana State Univ., New Orleans	1
MARYLAND	Univ. of Maryland	57
	Johns Hopkins Univ.	80
	Uniform Services U.	23
MASSACHUSETTS	Harvard Medical School	133
	Boston Univ.	107
	Tufts Univ.	140
	Univ. of Massachusetts	100
MICHIGAN	Univ. of Michigan	214
	Wayne State Univ.	245
	Michigan State Univ.	10
MINNESOTA	Univ. of Minnesota, Mpls.	266
	Mayo Medical School	43
MISSOURI	Washington Univ.	131
	Univ. of Missouri, Columbia	84
	Saint Louis Univ.	144
	Univ. of Missouri, Kansas City	61
NEVADA	Univ. of Nevada	32
NEBRASKA	Univ. of Nebraska	86
	Creighton Univ.	67
NEW HAMPSHIRE	Dartmouth Medical School	44
NEW JERSEY	CMDNJ New Jersey	122
	CMDNJ Rutgers	79
NEW MEXICO	Univ. of New Mexico	63
NEW YORK	Columbia Univ.	146
	Albany Medical Coll.	117
	SUNY Buffalo	124
	SUNY Brooklyn	215
	New York Medical Coll.	193
	SUNY Syracuse	121
	New York Univ.	174
	Cornell Univ.	115
	Univ. of Rochester	91
	Albert Einstein Coll. of Med.	148
	Mount Sinai School of Med.	118
	SUNY Stony Brook	45
NORTH CAROLINA	Univ. of North Carolina	97
	Bowman Gray School of Med.	101
	Duke Univ.	100
NORTH DAKOTA	Univ. of North Dakota	39
OHIO	Case Western Reserve Univ.	120
	Ohio State Univ.	174
	Univ. of Cincinnati	165
	Medical Coll. of Ohio	96
	Wright State Univ.	29
OKLAHOMA	Univ. of Oklahoma	168
OREGON	Univ. of Oregon	120
PENNSYLVANIA	Univ. of Pennsylvania	150
	Jefferson Medical Coll.	226
	Medical Coll. of Pennsylvania	105
	Hahnemann Medical Coll.	187
	Univ. of Pittsburgh	139
	Temple Univ.	179
	Pennsylvania State Univ.	82

TABLE 16 (Continued)

State	School	Diplomates (Number)
PUERTO RICO	Univ. of Puerto Rico	63
RHODE ISLAND	Brown Univ.	58
SOUTH CAROLINA	Med. Univ. of South Carolina	182
SOUTH DAKOTA	Univ. of South Dakota	46
TENNESSEE	Vanderbilt Univ.	81
	Univ. of Tennessee	79
	Meharry Medical Coll.	30
TEXAS	Univ. of Texas, Galveston	8
	Baylor Coll. of Medicine	3
	Univ. of Texas, Southwestern	7
	Univ. of Texas/San Antonio	8
	Texas Tech Univ.	8
UTAH	Univ. of Utah	98
VERMONT	Univ. of Vermont	53
VIRGINIA	Univ. of Virginia	129
	Medical Coll. of Virginia	148
	Eastern Virginia	41
WASHINGTON	Univ. of Washington	177
WEST VIRGINIA	Univ. of West Virginia	82
WISCONSIN	Medical Coll. of Wisconsin	137
	Univ. of Wisconsin	153

Province	School	Diplomates (Number)
ALBERTA	Univ. of Alberta	10
	Univ. of Calgary	5
BRITISH COLUMBIA	U. of British Columbia	11
MANITOBA	Univ. of Manitoba	21
NEWFOUNDLAND	Memorial U.	5
NOVA SCOTIA	Dalhousie U.	13
ONTARIO	Queen's U.	4
	Univ. of Toronto	48
	Univ. of Western Ontario	18
	Univ. of Ottawa	6
	McMaster U.	5
QUEBEC	McGill	87
	Univ. of Laval	2
	Univ. of Sherbrooke	8
	Univ. of Montreal	3
SASKATCHEWAN	Univ. of Saskatchewan	5

TABLE 17

1981 VISA QUALIFYING EXAMINATION NUMBER TESTED AND PASS RATES

VISA Qualifying Examinations		Number Tested	Percent Passed: Complete Exam	Basic Science	Clinical Science
Total Group		5,574	—	—	—
First-Takers:	Complete Test	3,979	3%	22%	66%
Repeaters:	Complete Test	395	5%	6%	43%
	Basic Science Only	1,190	—	19%	—
	Clinical Science Only	10	—	—	90%

EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES

The Educational Commission for Foreign Medical Graduates (ECFMG) is sponsored by the American Board of Medical Specialities, the American Hospital Association, the American Medical Association, the Association for Hospital Medical Education, the Federation of State Medical Boards of the United States, and the National Medical Association.

Incorporated in 1956, ECFMG began operation in 1957. The agency initially served the public interest by verifying credentials, evaluating educational qualifications, and conducting examinations to determine foreign medical graduates (FMGs) that were ready to benefit from graduate training in the U.S., and were qualified to assume responsibility for the care of patients in those training programs. Later, ECFMG provided information about accredited graduate medical education programs and their requirements so that FMGs could select programs best suited to their needs.

On June 30, 1974 the Educational Council for Foreign Medical Graduates (ECFMG) and the Commission of Foreign Medical Graduates (CFMG) combined to form the Educational Commission for Foreign Medical Graduates. The combined agency identified the following as its missions:

(1) provide information to foreign medical graduates regarding entry into graduate medical education and health care systems in the United States;
(2) evaluate foreign medical graduates' qualifications for such entry;
(3) identify foreign medical graduates' cultural and professional needs;
(4) assist in the establishment of educational policies and programs to meet the cultural and professional needs of foreign medical graduates;
(5) gather, maintain, and disseminate data concerning foreign medical graduates; and
(6) assist other individuals and agencies concerned with foreign medical graduates.

ECFMG CERTIFICATION

FMGs wishing to be certified by ECFMG must have had at least four academic years, for which they have been given credit toward completion of the medical curriculum, in attendance at a medical school that was listed in the *World Directory of Medical Schools*, published by the World Health Organization, at the time of their graduation from that school. They must have successfully completed the full medical curriculum prescribed by the medical school or the country in which it is located. Furthermore, they must have fulfilled all of the educational requirements to practice medicine in that country, and a national of the country concerned must have obtained the appropriate license or certificate of registration. To become eligible for an ECFMG certificate, FMGs must document these requirements in the form of credentials prescribed by ECFMG; must obtain a scaled score of 75 or higher on the medical portion of the ECFMG examination; and pass the ECFMG English test.

The certificates of applicants who became eligible for ECFMG certification by meeting the English language requirement on or after January 1, 1979 will remain valid for no more than two years. The certificate can be revalidated only by demonstration of continuing competence in comprehension and use of the English language. This policy may be satisfied by meeting the ECFMG English language requirement no more than two years prior to scheduled entry into an accredited program of graduate medical education in the United States. Once ECFMG certificates have been submitted and used for the purpose noted above, they will remain valid indefinitely.

ECFMG EXAMINATION

The first ECFMG examination was given March 25, 1958, and examinations have been given semi-annually since. Beginning July 1972, they have been held each January and July. The examination is given on the same day throughout the world in morning and afternoon sessions.

The medical portion of the examination consists of multiple choice type questions in English. Designed as a comprehensive test of the applicant's knowledge in the principal fields of medicine, most of the questions are chosen from the traditional clinical fields and others are chosen from the basic medical sciences.

The questions are selected by the ECFMG Test Committee—medical educators with recognized prominence in their respective fields—from the large bank of test items maintained by the National Board of Medical Examiners.

Part of the ECFMG examination is a one-hour English test, which is designed primarily to test the applicant's comprehension of spoken English. In addition, the English test assesses the applicant's ability to use simple sentence structure properly and to demonstrate knowledge of words and phrases not common to the medical vocabulary.

The revised English test was administered in all centers for the first time as part of the January 1974 examination. Prepared by the Educational Testing Service, Princeton, New Jersey, it is a modified TOEFL (Test of English as a Foreign Language) Examination.

The listening comprehension section is administered through use of magnetic tape recordings of phrases, statements, and conversations that relate to commonplace events in everyday life in this country. After the applicants have listened to the recorded material, during which they hear up to three different people speaking, they select the best response to the statement, conversation, or question, from a series of alternatives in the English test booklet.

English structure, usage, and vocabulary items in the English test are of the multiple choice type.

SIZE OF ECFMG EXAMINATION PROGRAM

The ECFMG examination is administered in more than 150 centers throughout the world. For recent examinations, 20,000 or more applications have been received. Applicants are disqualified for lack of adequate credentials and for failure to make payment of examination charges on time. Nonetheless, the total number of candidates examined each year has remained high. (Tables 13 and 19).

The 25,751 examined during 1981 represent an increase from the 20,635 examined in 1980. These large numbers do not represent applicants from just a few countries; applications for the two 1981 examinations were received from applicants representing more than 80 countries and more than 900 medical schools.

It is presumed that the earlier overall increase in the number of FMG's examined is related to the 1965 amendment to the Immigration and Nationality Act, whereby physicians were given preference for immigrant visas, whether or not they had been certified by ECFMG. Regulations adopted by the United States Department of Labor in February 1971 have essentially limited the issuance of preference immigrant visas for physicians to those who have been certified by ECFMG.

UNITED STATES CITIZENS STUDYING MEDICINE ABROAD

There has been wide interest in the increasing number of United States citizens who receive their medical education abroad. In two 1980 examinations, the largest number of examinations administered to U.S. citizens were for those attending medical schools in Mexico (1,722), Dominican Republic (961), and Spain (344). There were six countries in which 50 or more examinations were administered to U.S. citizens. The pass-rates of those Americans, as compared with the whole group from the medical schools in each of those six countries, were as follows: Grenada: Americans, 83% (whole group 80%). Italy: Americans, 51% (33%). Philippines: Americans, 46% (21%). Mexico: Americans, 42% (30%). Dominican Republic: Americans, 25% (21%); Spain: Americans, 13% (12%), and all countries including the above six: Americans, 38% (whole group, 23%).

In the two 1981 ECFMG examinations, the largest number of examinations administered to U.S. citizens were for those attending medical schools in Mexico (1,792), the Dominican Republic (1,407), Spain (344), Montserrat (280), Grenada (260), and Italy (242). There were ten countries in which 50 or more examinations were administered to U.S. citizens. The pass-rates of those Americans, as compared with the whole group from the medical schools in each of those ten countries were as follows: Dominica: Americans, 49% (whole group 45%); Dominican Republic: Americans, 21% (18%); Greece: Americans, 30% (17%); Grenada: Americans, 84% (83%); Italy: Americans, 46% (27%); Mexico: Americans, 42% (31%); Montserrat: Americans, 49% (43%); Philippines: Americans, 57% (27%); Poland: Americans, 48% (22%); Spain: Americans, 17% (15%); and all countries including the above ten: Americans, 39% (whole group 24%).

STANDARD ECFMG CERTIFICATES ISSUED IN 1980

During 1980, 5,756 Standard ECFMG Certificates were issued; 4,817 had been issued in 1979. An analysis of the distribution of recipients by examination shows that 2,970 of the 6,772 applicants who passed the two examinations in 1979 (44%) received Standard ECFMG Certificates in 1979 and 1980. (Of the 3,512 who passed the February 9, 1966 examination, 3,000 (85%) had received their Standard ECFMG Certificates by the end of 1980.) Table 20 shows the distribution of recipients by country of medical school and citizenship. Of the total number of Standard ECFMG Certificates issued, 655 (11%) were issued to Americans who had gone abroad to study.

During 1981, 7,063 Standard ECFMG Certificates were issued. Analysis of the distribution of 1981 recipients by country shows that 4,298 (61%) were in the United States, 203 (3%) in Canada, and 2,562 (36%) in foreign countries. The distribution of recipients of Standard ECFMG Certificates by country of medical school and citizenship showed that India had by far the largest number: 1,324 were graduates of Indian medical schools and 1,287 were citizens of India. The Philippines formed the next largest group, with 859 and 698, respectively. These are shown in Table 21. Of the total number of Standard ECFMG Certificates issued, 1,127 (16%) were issued to Americans who had gone abroad to study.

SPONSORSHIP OF EXCHANGE VISITOR FOREIGN MEDICAL GRADUATES (EVFMGs)

Under agreement with the United States Department of State until 1978 and currently under agreement with the United States International Communication Agency, ECFMG has approved over 39,000 applications for sponsorship of EVFMGs in accredited programs of graduate medical education and in short term specialized training in clinical fellowships. EVFMGs must submit sponsorship application forms to ECFMG for every year they participate in accredited programs.

In conjunction with the implementation of the 1976 amendments to the Immigration and Naturalization Act affecting exchange visitors, ECFMG was designated by federal authorities to process substantial disruption of health service waiver applications. The waiver mechanism was developed to provide a transition period during which programs of graduate medical education that traditionally placed significant reliance on alien physicians could continue, but with decreasing numbers of EVFMGs. During this transition period, extending through December 31, 1983, programs and institutions are expected to develop alternative provider resources and to attract primarily graduates of American medical schools.

VISA QUALIFYING EXAMINATION

While ECFMG certification remains a requirement to enter accredited graduate medical education training programs in the United States and facilitates obtaining a license to practice medicine in most states in the United States, the 1976 and 1977 amendments to the Immigration and Nationality Act (INA) established new requirements for the admission of alien physicians to the United States to perform medical services, or to receive graduate medical education or training. The provisions of these amendments, which affect the entry of alien graduates of foreign medical schools, require them to pass the National Board of Medical Examiners Part I and Part II examinations (or an examination determined to be equivalent by the Secretary of Health and Human Services)and to be competent in oral and written English.

The Secretary of Health and Human Services has determined that a special two-day examination, which is developed and offered by the National Board of Medical Examiners, and composed of approximately equal proportions of basic science and clinical science test items in their customary multiple-choice format, is equivalent to the National Board Part I and Part II examinations *for the purpose of the amendments to INA*. Since it is necessary for most alien physicians to pass the special two-day examination as one of the requirements to obtain a visa to enter the United States, the examination has become known as the Visa Qualifying Examination (VQE) and is administered by ECFMG.

Applicants who take and pass the Visa Qualifying Examination (VQE), and who have met all the financial and medical credential requirements for ECFMG certification, will be eligible for ECFMG certification based on VQE. Applicants who pass VQE are not required to take the ECFMG examination to meet the medicine examination requirements for ECFMG certification.

Applicants who have previously been certified on the basis of passing the ECFMG medicine examination *do not* receive another certificate based on passing VQE. The documentation which is issued is a form containing the printed signature of the President of ECFMG confirming that the applicant has passed the VQE and has met all of the requirements for ECFMG certification.

The new amendments to the Immigration and Nationality Act are not applicable to graduates of foreign medical schools who are citizens of the United States, are already lawful permanent residents of the United States, or who seek such residence as the parents, spouses, children, brothers, or sisters of United States citizens, or as the spouses or unmarried children of lawful permanent residency aliens of the United States. Questions concerning whether an alien medical graduate is required to take the VQE should be addressed to American Embassies and Consulates General abroad, or an officer of the Immigration and Naturalization Service in the United States.

TABLE 18

ECFMG EXAMINATIONS, 1966-1981 SUMMARY OF RESULTS*

Examination Centers	1966-1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981	Total 1966-1981
					All Scores								
Total	215,757	31,033	32,072	37,023	37,447	36,800	29,463	25,871	17,022	17,670	20,636	25,751	526,563
Domestic**	73,100	8,003	8,866	9,363	8,156	9,140	8,928	8,545	8,266	8,756	10,566	13,306	175,150
Foreign	142,657	23,030	23,204	27,640	29,291	27,660	20,565	17,226	8,734	8,911	10,068	12,446	350,413
Percent Foreign	66.1	74.2	72.3	74.7	78.7	75.1	69.7	66.6	51.3	50.4	48.8	48.3	66.5
					Scores 75 or Higher								
Total													
Number	84,983	9,683	12,837	12,269	14,898	13,626	13,730	9,802	5,726	6,772	7,532	10,236	200,896
Percent	39.4	31.2	40.0	33.2	39.7	37.0	46.6	38.2	33.6	38.3	36.5	39.8	38.2
Domestic**													
Number	25,528	1,518	2,589	1,966	2,547	2,047	2,870	1,908	2,136	2,759	3,308	4,641	53,939
Percent	35.0	19.0	29.2	20.8	27.8	22.7	32.1	22.1	25.7	31.5	31.3	34.8	30.8
Foreign													
Number	59,455	8,175	10,248	10,333	12,321	11,566	10,860	8,894	3,590	4,013	4,224	5,594	147,070
Percent	41.7	36.5	44.2	37.4	43.6	41.7	52.8	38.8	41.7	45.0	42.0	45.0	42.0

*From March 1966 through February 1972, these examinations have been held each year in the winter and in the summer or early fall. Since 1972, they have been held each January and July. The results for the examinations each year are combined.

**United States and Canada.

TABLE 19

NUMBER TAKING ECFMG EXAMINATION FIRST TIME AND NUMBER OF REPEATERS, 1966-1981

No. Times Tested	1966-1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981	Total 1966-1981
Total	215,757	1,033	32,072	37,023	37,447	36,800	29,463	25,871	17,022	17,670	20,636	25,751	526,563
First Exam.	127,580	16,525	15,586	18,664	19,711	20,415	16,799	14,041	7,736	8,817	10,593	13,212	289,448
Repeat Exam.	88,207	14,508	15,518	18,329	17,736	16,386	12,664	11,830	9,287	9,063	10,042	12,539	237,115
% Taking First Exam.	59.1	53.2	48.5	50.4	52.7	56.5	56.9	54.2	45.4	48.9	51.3	51.3	55.0

APPENDIX A

FOREIGN MEDICAL GRADUATES RECEIVING INITIAL LICENSES FROM STATE BOARDS 1970-81

State	Examination											
	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981
Total	2,830	4,151	6,442	7,247	6,425	5,838	6,330	5,791	4,540	3,522	3,242	3,077
Alabama	1	0	0	2	0	1	5	1	3	1	0	1
Alaska	2	0	0	2	2	1	1	2	0	0	0	0
Arizona	26	22	33	22	26	18	8	18	13	21	12	14
Arkansas	0	8	7	8	3	7	8	14	8	2	2	1
California	84	104	128	202	146	212	184	222	287	283	276	260
Colorado	2	4	4	15	1	8	3	8	11	8	6	5
Connecticut	13	21	29	13	15	9	44	146	142	101	42	88
Delaware	18	36	46	33	18	9	17	21	11	12	5	13
District of Columbia	149	190	101	149	364	425	512	461	117	18	88	80
Florida	138	291	254	348	583	325	863	547	288	234	113	21
Georgia	18	40	108	16	86	74	108	182	180	288	186	108
Guam	0	0	0	0	0	0	0	0	0	0	0	0
Hawaii	4	4	14	5	10	14	8	20	8	11	8	3
Idaho	0	0	0	0	0	0	0	0	0	0	0	0
Illinois	107	162	625	783	688	475	335	322	152	188	84	148
Indiana	92	86	14	18	4	38	38	86	36	38	86	86
Iowa	9	24	17	27	43	86	53	47	24	30	38	34
Kansas	18	30	47	25	20	25	28	35	58	34	23	13
Kentucky	34	35	34	75	78	30	62	67	47	43	30	27
Louisiana	7	14	23	17	15	11	58	25	13	3	21	13
Maine	107	102	62	211	116	196	237	345	182	186	189	136
Maryland	140	93	115	211	241	256	290	148	533	241	244	367
Massachusetts	47	98	111	122	86	174	102	99	237	87	186	240
Michigan	71	56	842		591	585	602	548	347	310	148	82
Minnesota	21	37	0	86	57	38	41	32	46	23	18	15
Mississippi	5	13	4	3	10	8	8	16	15	8	4	2
Missouri	178	336	333	203	152	124	91	73	56	33	30	23
Montana	17	9	0	5	0	0	5	3	0	2	4	2
Nebraska	3	1	4	5	8	20	78	134	2	37	30	18
Nevada	0	0	1	2	8	5	1	5	4	3	1	1
New Hampshire	10	5	5	8	2	10	12	1	1	2	3	1
New Jersey	362	309	118	191	89	139	165	198	231	201	282	183
New Mexico	18	20	25	20	12	14	21	19	22	15	11	18
New York	81	401	1,044	1,397	1,307	798	883	734	528	514	883	867
North Carolina	10	7	28	62	32	86	48	32	12	29	19	18
North Dakota	15	58	56	62	48	43	39	40	19	19	19	5
Ohio	10	193	408	348	248	182	131	100	72	53	70	44
Oklahoma	4	4	10	12	223	28	83	124	84	82	72	66
Oregon	3	1	2	4	12	13	20	22	17	7	13	13
Pennsylvania	550	725	908	936	512	490	546	457	312	217	137	123
Puerto Rico	35	106	109	117	118	157	89	29	12	22	4	7
Rhode Island	18	9	15	23	20	5	15	22	18	2	10	3
South Carolina	1	1	0	4	4	2	12	17	8	13	13	8
South Dakota	5	7	13	13	4	2	2	2	4	3	12	11
Tennessee	3	36	44	8	18	18	17	42	28	26	23	20
Texas	77	99	88	116	124	196	132	175	136	106	87	82
Utah	5	7	8	4	1	4	3	0	5	2	1	0
Vermont	75	103	161	99	50	44	83	19	7	2	0	0
Virgin Islands	8	8	0	2	1	8	3	1	0	0	0	0
Virginia	81	83	466	214	410	307	179	146	121	31	36	34
Washington	97	103	46	86	44	22	15	21	24	20	22	25
West Virginia	38	41	80	48	86	112	73	87	35	19	36	22
Wisconsin	23	136	80	28	24	18	17	42	41	33	33	23
Wyoming	0	2	2	3	1	5	4	5	4	5	10	8

Reciprocity & Endorsement

1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981
166	165	219	172	169	127	106	91	36	44	66	44
0	0	1	0	2	0	1	0	1	0	0	0
0	0	0	0	1	0	0	1	0	0	0	0
0	1	0	0	0	1	3	2	0	0	4	4
0	0	0	0	0	1	1	0	0	0	3	0
0	0	0	0	0	0	0	0	0	0	0	0
0	1	0	0	0	0	0	0	0	0	0	0
1	0	11	7	6	4	2	1	1	0	12	3
0	3	0	0	0	0	0	0	0	0	0	0
1	4	3	0	0	1	0	2	0	0	1	0
0	0	0	0	0	0	1	0	0	0	1	0
0	0	1	0	0	0	0	1	0	0	0	0
2	0	0	0	0	4	0	0	0	0	3	0
0	0	0	0	0	0	0	0	0	0	1	0
0	0	0	0	0	0	0	0	0	0	0	0
0	7	3	0	4	0	2	0	0	0	0	0
0	7	0	0	2	0	0	2	0	0	1	0
0	5	0	0	1	2	2	0	0	0	0	4
0	0	1	1	1	0	4	0	0	2	0	1
0	0	0	0	0	0	0	1	0	0	0	0
3	0	5	5	6	1	0	1	2	1	13	11
0	0	0	1	0	2	0	0	0	1	0	1
0	0	36	23	24	26	4	0	2	1	8	10
1	0	2	2	8	0	0	1	0	0	0	0
0	0	0	0	1	0	0	0	1	1	0	0
0	0	0	0	0	0	0	0	0	0	1	0
0	0	1	1	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	2	0	0
1	0	0	0	0	0	0	1	0	0	3	0
0	0	0	0	0	1	0	1	0	0	0	0
15	6	8	12	8	12	6	3	0	4	1	0
5	0	0	1	52	0	0	0	0	0	0	0
0	0	0	3	2	0	1	0	0	0	0	0
113	86	71	28	16	17	5	0	0	0	1	1
0	0	1	1	0	0	0	0	0	0	0	0
8	0	1	3	3	2	5	7	1	1	1	0
1	5	5	0	3	1	0	0	1	0	0	1
0	0	0	24	0	2	0	0	0	0	3	0
0	0	0	0	0	1	3	1	0	0	0	0
0	0	0	0	1	0	0	0	0	0	0	0
0	0	0	0	2	0	0	0	0	0	0	0
2	0	0	0	3	2	0	0	0	1	0	0
0	0	1	0	0	0	0	1	0	0	0	0
0	0	0	1	0	1	1	0	0	0	0	0
0	0	0	0	0	0	1	0	0	0	0	0
3	5	3	7	6	6	15	15	3	11	3	1
0	1	1	1	1	0	0	1	0	0	0	0
21	13	15	5	1	2	0	0	0	0	0	0
0	0	0	0	0	0	20	0	0	0	0	0
3	2	36	30	23	20	0	11	16	13	13	8
0	1	0	0	0	0	0	0	5	0	1	0
0	0	0	0	4	7	0	0	2	5	0	0
0	1	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	1	0	0	0	0

APPENDIX B

CORRESPONDING OFFICERS OF BOARDS OF MEDICAL EXAMINERS IN THE UNITED STATES AND POSSESSIONS

Alabama: Mr. Larry D. Dixon, Executive Director, Alabama State Board of Medical Examiners, P.O. Box 946, Montgomery 36102.

Alaska: Ms. Evelyn Beems, Department of Commerce & Economic Development, Division of Occupational Licensing, State Medical Board, Pouch D, Juneau 99811.

Arizona: Mr. Douglas N. Carr, Executive Director, Arizona Board of Medical Examiners, 5060 N. 19th Avenue, Suite 300, Phoenix 85015.

Arkansas: Joe Vorsar, MD, Secretary, Arkansas State Medical Board, P.O. Box 108, Harrisburg 72432.

California: Mr. Robert Rowland, Executive Director, California Board of Medical Assurance, 1430 Howe Avenue, Sacramento 95825.

Colorado: Mrs. Loretta W. Arduser, Secretary to the Board, Board of Medical Examiners, 1525 Sherman Street, Room 132, Denver 80203.

Connecticut: Ms. Mary E. Bayert, Chief, Connecticut Department of Health Services, Division of Licensure and Registration, 79 Elm Street, Hartford 06115.

Delaware: Ms. Lynn Marcum, Administrative Assistant, Board of Medical Practice of Delaware, Margaret O'Neill Building, Box 1401, Dover 19901.

District of Columbia: P. Joseph Sarnelle, Staff Director, Commission on Licensure to Practice the Healing Arts, 605 G. Street, N.W., Room 202-Lower Level, Washington 20001.

Florida: Ms. Dorothy Faircloth, Executive Director, Board of Medical Examiners, 130 N. Monroe Street, Tallahassee 32301.

Georgia: Mr. Andrew Watry, Executive Director, Composite State Board of Medical Examiners, 166 Pryor Street, S.W., Room 300, Atlanta 30303.

Guam: Joaquin C. Camacho, Commission on Licensure to Practice the Healing Art, Guam Memorial Hospital, P.O. Box AX, Marianas Islands, Agana 96910.

Hawaii: Lee B. Bedby, Board of Medical Examiners, P.O. Box 541, Honolulu 96809.

Idaho: Mr. Donald L. Dalaski, Executive Director, State Board of Medicine, 700 N. State, Boise 83720.

Illinois: Ms. Eileen Brown, Department of Registration and Education, 320 W. Washington, Springfield 62786.

Indiana: Ms. Pat Arnold, Verification Secretary, Indiana State Board of Medical Examiners, 700 N. High School Road, Suite 201, Indianapolis 46224.

Iowa: Mr. Ronald V. Sad, Executive Director, Board of Medical Examiners, State Capital Complex, Executive Hills West, Des Moines 50319.

Kansas: Elizabeth W. Carlson, Executive Secretary, Board of Medical Examiners, 508 Kansas Avenue, Suite 500, Topeka 66603.

Kentucky: Mr. C. Wm. Schmidt, Assistant Secretary, State Board of Medical Licensure, 3532 Ephraim McDowell Drive, Louisville 40205.

Louisiana: J. Morgan Lyons, MD, Secretary-Treasurer, Louisiana State Board of Medical Examiners, 830 Union Street, Suite 100, New Orleans 70132.

Maine: Angelina Hubert, Executive Secretary, Maine Board of Registration in Medicine, East Side Professional Building, RFD 3-Augusta Road, Waterville 04901.

Maryland: Arthur T. Keefe, Jr., MD, Board of Medical Examiners, 201 W. Preston Street, 5th Floor, Baltimore 21201.

Massachusetts: Mr. Robert Bradley, Secretary, Massachusetts Board of Registration & Discipline in Medicine, 100 Cambridge Street, Room 1811, Boston 02202.

Michigan: Carl E. Cross, Jr., Executive Director, Michigan Board of Medicine, 905 Southland, P.O. Box 30018, Lansing 48909.

Minnesota: Arthur W. Peare, Executive Secretary, Board of Medical Examiners, 717 Delaware Street S.E., Room 362, Minneapolis 55414.

Mississippi: Frank Jay Morgan, Jr., MD, Executive Officer, Mississippi State Board of Medical Licensure, P.O. Box 1700, Jackson 39205.

Missouri: Mr. Gary R. Clark, Executive Secretary, Missouri State Board of Medical Examiners, P.O. Box 4, Jefferson City 65101.

Montana: Mrs. Dixie J. Maloney, Administrative Assistant, Montana State Board of Medical Examiners, 1424 9th Avenue, Helena 59620.

Nebraska: Mr. Leland C. Lauka, Executive Secretary, Nebraska State Board of Medical Examiners, P.O. Box 95007, Lincoln 68509.

Nevada: Mrs. Joan [illegible]ers, Executive Secretary, Nevada State Board of Medical Examiners, P.O. Box 7238, Reno 89510

New Hampshire: Mr. Winifred H. Preston, Administrative Secretary, Board of Registration in Medicine, H & W Building, Hazen Drive, Concord 03301.

New Jersey: Charles A. Janeczek, Executive Secretary, New Jersey Board of Medical Examiners, 28 W. State Street, Room 614, Trenton 08608.

New Mexico: Rebecca C. Derbyshire, MD, Secretary-Treasurer, New Mexico State Board of Medical Examiners, 725 E. Palace Avenue, Suite O, Santa Fe 87501.

New York: Thomas M[illegible]han, Associate Executive Secretary, State Board for Medicine, State Education Department; Empire State Plaza, Cultural Education Center, Albany 12230.

North Carolina: Bryan D. Parks, Jr., Executive Secretary, North Carolina Board of Medical Examiners, Suite 214, 222 [illegible] Person Street, Raleigh 27601.

North Dakota: Mr. Lyle [illegible]. Linnell, Executive Secretary, 418 E. Rosser, Bismark 58501.

Ohio: Angelo F. Albert, Chief of Licensure, Ohio State Medical Board, 8 S. Front Street, Suite 510, Columbus 43215.

Oklahoma: Miss Betty J. Rogers, Administrative Assistant, Oklahoma State Board of Medical Examiners, 5104 N. Francis, Suite C, Oklahoma City 73118.

Oregon: John J. Uhrelling, Executive Secretary, Board of Medical Examiners, 1002 Loyalty Building—317 S. W. Alder Street, Portland 97204.

APPENDIX B (Continued)

Pennsylvania: Loretta M. Frank, Secretary, Pennsylvania State Board of Medical Education, Bureau of Professional and Occupational Affairs, P.O. Box 2649, Harrisburg 17105.

Puerto Rico: Mr. Carlos Santana, Acting Director, Puerto Rico State Board of Medical Examiners, Department of Health, Apartado 9042, Santurce 00908.

Rhode Island: Mr. Robert W. McClenaghan, Administrator, Rhode Island Board of Examiners in Medicine, 75 Davis Street, Providence 02908.

South Carolina: Mr. N.B. Hayward, Executive Director, South Carolina Department of Medical Examiners, 1918 Blanding Street, Columbia 29201.

South Dakota: Mr. Robert D. Johnson, Executive Secretary, South Dakota Department of Medical Examiners, 600 W. Aquena N, Sioux Falls 57104.

Tennessee: Ms. Marvelene Corcoran, Administrative Assistant, Tennessee State Board of Medical Examiners, Cann State Office Building, Ben Allen Road, Nashville 37216.

Texas: A. Bryan Spires, Jr., MD, Secretary-Treasurer, Texas State Board of Medical Examiners, P.O. Box 13562 Capitol Station, Austin 78711.

Utah: Mr. Morris Stout, Acting Director, Utah Division of Registration, State Office Building, Room 5367, Salt Lake City 84114.

Vermont: Ms. Carol Fleury, Secretary, Vermont State Board of Medical Practice, Pavilion Building —109 State Street, Montpelier 05602.

Virginia: Mrs. Eugenia Dorsey, Executive Secretary, Virginia State Board of Medicine, 517 W. Grace Street, Richmond 23220.

Virgin Islands: Sylvester O. McDonald, MD, Secretary, Board of Medical Examiners of Virgin Islands, Charlotte Amalie and Christiansted, St. Croix 00802.

Washington: Mrs. Joan Baird, Administrator, Washington State Board of Medical Examiners, P.O. Box 9649, Olympia 98504.

West Virginia: L. Clark Hamburger, MD, Secretary, West Virginia Board of Medicine, 3412 Chesterfield Avenue, Charleston 25304.

Wisconsin: Mrs. Deanne Zychowski, Executive Secretary, Wisconsin Board of Medical Examiners, 1400 E. Washington Avenue, Madison 53702.

Wyoming: Lawrence J. Cohen, MD, Executive Secretary, Wyoming State Board of Medical Examiners, Hathaway Building, Suite 427, Cheyenne 82002.

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APPENDIX 19

Report to the President and Congress

on the STATUS OF HEALTH PERSONNEL IN THE UNITED STATES

May 1984

Volume

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U.S. DEPARTMENT OF
HEALTH & HUMAN SERVICES
Public Health Service
Health Resources and Services Administration
Bureau of Health Professions

DHHS Publication No. HRS-P-OD 84-4

Table B-1-1. THE SUPPLY OF PHYSICIANS (MDs) IN THE U.S. 1963 - 1981

Aggregate Supply as of December 31

	1963	1973	1978	1981
Total Physicians	276,475 1/	366,379	437,486	485,123
U.S. Graduates	238,571	288,719	339,114	374,581
Foreign Graduates	36,569	77,660	98,372	110,542
Canadian	5,644	6,325	7,021	7,780
Other	30,925	71,335	91,351	102,762
Percent FMGs	13.2	21.2	22.5	22.8
Physicians per 100,000 Population				
Total	146	174	196	210
USMGs	126	137	152	162
FMGs	19	37	44	48
Total U.S. Population (in thousands)	189,242	210,908	223,400	230,500

Average Annual Increases

	1963-1973		1973-1978		1978-1981		1963-1981	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total Physicians	8,990	3.3	14,221	3.9	15,879	3.6	11,592	4.2
U.S. Graduates	5,015	2.1	10,079	3.5	11,822	3.5	7,556	3.2
Foreign Graduates	4,109	11.2	4,142	5.3	4,057	4.1	4,110	11.2
Canadian	68	1.2	139	2.2	253	3.6	119	2.1
Other	4,041	13.1	4,003	5.6	3,804	4.2	3,991	12.9
Total U.S. Population (in thousands)	2,167	1.1	2,498	1.2	2,367	1.1	2,292	1.2

1/ Includes 1,335 physicians, addresses unknown, who are not distributed according to sources of medical education.

Sources: American Medical Association. Distribution of Physicians in the U.S., 1973, Chicago, 1974; American Medical Association. Physician Distribution and Medical Licensure in the U.S., 1978, Chicago, 1979; American Medical Association. Data Sheet on Physicians, and Physician Characteristics and Distribution, 1981, Excerpts from the AMA Physician Masterfile, Chicago, January, 1983; U.S. Bureau of the Census. Current Population of the United States Series p-25, No. 918, Washington, DC, 1981. This summary table is excerpted from information provided by Dr. Thomas T. Dublin with his permission.

Foreign Medical Graduates in Medicine

Foreign medical graduates (FMGs) contribute significantly to the supply of physicians in the United States. Of particular importance is the change in specialty practices and patient care activities of FMGs during the past decade, which indicated that they were increasingly becoming similar to USMGs. In 1970 there were approximately 57,200 FMGs, who accounted for 17 percent of all physicians in the country. However, by 1976, the percentage had reached 21 percent, and has since leveled off at that level (AMA, 1982a).

Changes across time in migration patterns of FMGs have occurred. In the late 1960s over 20 percent of FMGs came from Europe while the largest proportion of FMGs came from Asia (42 percent), in particular the Far East. The proportion of FMGs from Asia entering the U.S. increased during the early 1970s as the proportion coming from Europe decreased. By 1973, over three-fourths of all immigrant physicians came from Asia; however, in the latter part of the 1970s, the percentage of physicians from Central and South America increased. Thus, by 1978, only slightly over 50 percent of FMGs were from Asia and nearly one-third were from Central and South America. Although the number of FMG immigrant physicians coming from India decreased by nearly two-thirds from 1973 to 1978, India remained the largest contributor of FMGS in 1978 (ECFMG, 1981).

The path of entry into formal medical practice differs for United States Canadian Medical Graduates (US/CMGs) and FMGs. Between 1976 and 1981, approximately 18-20,000 initial licenses were issued annually to USMGs and FMGs (AMA, 1982b). For the majority of United States and Canadian medical school graduates, new licenses were issued by endorsement of passing of the National Board of Medical Examiners (NBME) exam. In the mid-1970s approximately two-thirds of new licenses for FMGs were obtained by state licensure examinations rather than through endorsement of the NBME exam, which FMGs are ineligible to take.

The number of FMGs granted an initial license to practice medicine independently in a state or other jurisdiction is also an indicator of FMG participation in patient care in the U.S. For U.S. and Canadian medical school graduates combined, the number of new licentiates began to rise quite steadily in the early 1970s reaching the level of 16,330 by 1979, the year when the largest number of new licenses (19,896) were issued. In contrast, the number of new licenses issued to FMGs peaked at 7,419 in 1973 when they comprised about 45 percent of the newly licensed physicians for that year. Their numbers then declined to its current level which represents about the same number of FMGs evident in 1970. Proportionally however, FMGs represented less than 17 percent of all newly licensed physicians nationally in 1981.

In 1977, when FMGs represented about 32 percent of new licentiates nationwide, 70 percent or more of new licenses were granted to FMGs in the states of Maine, New York and Delaware (AMA, 1982b). More than 50 percent of the new licenses issued in Delaware, Maine and New Jersey in 1981 were granted to FMGs.

Specialty practices of FMGs in the U.S. changed during the past decade, as seen in Table 1. In 1970 the largest percentage of FMGs were surgeons (16.4 percent), followed by internists (15.4 percent). By 1980, a reversal occurred, with internal medicine becoming the most widely practiced specialty among FMGs (17.6 percent), followed by surgery (13.8 percent). Although the number of physicians in internal medicine as a specialty grew by more than 70 percent over the decade (outpacing all professionally active physicians), FMGs in internal medicine more than doubled, while US/CMGs grew by almost two-thirds. In contrast, the number of physicians in general surgery grew by less than 15 percent, despite FMG growth of more than 21 percent. FMGs in internal medicine outnumbered their general surgeon counterparts by almost 2:1 in 1981 while they were of comparable size in 1970.

Table 1 NUMBER AND PERCENT OF INTERNAL MEDICINE AND GENERAL SURGERY MDs IN 1970 AND 1980, BY FMG STATUS

	1970		1980		1970-80 Change
	Number	Percent	Number	Percent	Percent
Total Professionally Active	310,845	100.0	414,916	100.0	33.5
FMG	54,142	100.0	81,5[illegible]	100.0	50.7
US/CMG	256,703	100.0	333,3[illegible]	100.0	29.8
Internal Medicine	41,872	13.5	71,5[illegible]	17.2	70.8
FMG	6,372	11.8	13,06[illegible]	16.0	105.0
US/CMG	35,500	13.8	58,466	17.5	64.7
General Surgery	29,761	9.6	34,034	8.2	14.4
FMG	5,286	9.8	6,72[illegible]	8.2	27.3
US/CMG	24,475	9.5	27,30[illegible]	8.1	11.6

Source: American Medical Association. Physician Characteristics and Distribution in the U.S. - 1980 and 1971 edition.

Other comparisons between US/CMGs and FMGs indicate that during the past decade FMGs were more likely to be in radiology, psychiatry and anesthesiology. However, 1980 data indicated a slight decrease in the percentage of FMGs who were psychiatrists, versus a slight increase for US/CMGs. (AMA, 1982a).

Another change observed across the past decade for FMGs was related to patient-care, and in particular, office-based activities. From 1970 to 1980 the percentage of FMGs in patient care activities, across both primary and nonprimary care specialties, decreased from 84 percent to 75 percent.

However, this decrease primarily stemmed from the decrease in the resident population of FMGs. In fact, FMG physicians in office-based patient care increased from 37 to 47 percent. In contrast, the rate of US/CMG physicians in office-based patient care remained relatively stable across the decade, hovering around 60 percent. Furthermore, while the percentage of both US/CMG and FMG physicians who were full-time hospital staff members decreased since 1970, FMGs were still more than twice as likely (16 percent) to be hospital-based as were US/CMGs (7 percent).

A tracking study on the practice locations of 1970-79 United States Foreign Medical Graduates (USFMGs), undertaken by BHPr, found that USFMGs tended to practice in small to medium sized communities; 20 percent were in rural practice and 50 percent in urban practice. Professional opportunities were found to be related to locational choice as was income potential. However, those choosing rural locations were more likely to be influenced by family and social factors. Location of GME training most commonly determined initial practice location. Lastly, a multivariate analysis undertaken indicated that some preliminary evidence existed to show that USFMGs receiving government assistance and the location of their home communities were important in predicting rural and shortage area settlement (Policy Analysis Inc., 1983).

Data on the specialty practices of FMGs were disaggregated for U.S. citizen and alien FMGS for 1979. The USFMGs generally do not favor the traditionally "FMG-preferred" specialties. Although alien FMGs represented 18 percent of all physicians in 1979, they represented over 40 percent of all physicians in physical medicine and rehabilitation, 36 percent of anesthesiologists, 36 percent of cardiovascular diseases physicians, 31 percent of therapeutic radiologists, 30 percent of pathologists, and 28 percent of pediatric cardiologists. Thus, alien FMGs were significantly represented in the hospital-based specialties. Further, larger than average proportions of alien FMGs were also found in psychiatry, pulmonary diseases, cardiology, and pediatrics. As of 1979, alien FMGs were less likely than US/CMGs and, in particular, USFMGs to be in primary care or surgical specialties (USDHHS, September 1982b).

Alien FMGs were less likely than USFMGs to engage in patient care (90 percent compared with 94 percent) or be office-based (54 percent compared with 59 percent). In contrast, they were more likely to be hospital-based (22 percent compared with 16 percent) and to be in research (6 percent compared with 2 percent). A larger percentage of alien FMGs were women (19 percent) than U.S. and Canadian graduates (8 percent), and USFMGs (5 percent).

APPENDIX 20

U.S. House of Representatives
SELECT COMMITTEE ON AGING
SUBCOMMITTEE ON HEALTH AND LONG-TERM CARE
715 HOUSE OFFICE BUILDING ANNEX 1
Washington, D.C. 20515
(202) 226-3241

November 8, 1984

Dear Mr. McMahon:

You may know that the House Select Committee on Aging, Subcommittee on Health and Long-Term Care, which I chair, has been conducting a study of the problems caused by U.S. citizens obtaining fraudulent foreign medical degrees.

We are planning to hold a hearing on December 7, 1984 to examine these problems and to explore possible solutions. The hearing will begin at 10:00 a.m. in 311 Cannon Office Building, U.S. House of Representatives, Washington, D.C.

We would like to invite you to submit your organization's written comment for inclusion in the hearing record. We would appreciate receiving your views on Federal and State measures which could be taken or are being taken to prevent future problems involving legitimate and fraudulent holders of foreign medical degrees.

Thank you in advance for your cooperation. If you have any questions regarding the hearing, please contact Ronald Schwartz at 226-3201 or Bill Halamandaris at 226-3381.

With kindest regards,

Very sincerely,

Claude Pepper
Chairman

Mr. John Alexander McMahon
President
American Hospital Association
840 North Lake Shore Drive
Chicago, IL 60611

CP:mm

APPENDIX 21

U.S. House of Representatives

SELECT COMMITTEE ON AGING
SUBCOMMITTEE ON HEALTH AND LONG-TERM CARE
718 House Office Building Annex 1
Washington, D.C. 20515
(202) 226-3381

November 8, 1984

Dear Dr. Asper:

You may know that the House Select Committee on Aging, Subcommittee on Health and Long-Term Care, which I chair, has been conducting a study of the problems caused by U.S. citizens obtaining fraudulent foreign medical degrees.

We are planning to hold a hearing on December 7, 1984 to examine these problems and to explore possible solutions. The hearing will begin at 10:00 a.m. in 311 Cannon Office Building, U.S. House of Representatives, Washington, D.C.

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Thank you in advance for your cooperation. If you have any questions regarding the hearing, please contact Ronald Schwartz at 226-3201 or Bill Halamandaris at 226-3381.

With kindest regards,

Very sincerely,

Claude Pepper
Chairman

Dr. Samuel Asper
President
Educational Commission for Foreign
Medical Graduates
3624 Market Street
Philadelphia, PA 19104

CP:mm

APPENDIX 22

EDUCATIONAL COMMISSION for FOREIGN MEDICAL GRADUATES

3624 MARKET STREET, PHILADELPHIA, PENNSYLVANIA 19104-2686, U.S.A. ☐ PHONE: 215 386-5900 ☐ CABLE: EDCOUNCIL, PHILADELPHIA

November 28, 1984

Honorable Claude Pepper
Chairman
Select Committee on Aging
Subcommittee on Health and Long-Term Care
U.S. House of Representatives
715 House Office Building Annex 1
Washington, D.C. 20515

Dear Congressman Pepper:

Thank you for your letter of November 8, 1984 and for the privilege of submitting this comment on behalf of the Educational Commission for Foreign Medical Graduates (ECFMG) to your Select Committee on the matter of United States citizens obtaining fraudulent degrees from foreign medical schools.

ECFMG exists primarily for the purpose of determining and certifying that physicians who have studied medicine abroad and who seek to enter accredited clinical residency programs in the United States, are qualified for such experience. Since such clinical training involves the care, under supervision, of patients, ECFMG views this as a public responsibility. ECFMG is a private, non-profit organization unaffiliated with any state or federal government agency. ECFMG does not license physicians, and investigation of fraudulent credentials has been carried out independently from those of state licensing authorities, although we welcome their cooperation.

To achieve ECFMG certification, a physician who has studied in a medical school outside of the United States or Canada must present a diploma of graduation (after at least four academic years of study) from a medical school listed in the World Directory of Medical Schools, published by the World Health Organization. In addition, he or she must meet all of the educational requirements to practice medicine in the country in which the diploma was received. The physician must also pass the Foreign Medical Graduate Examination in the Medical Sciences, administered by ECFMG. This examination is recognized by the Department of Health and Human Services to be the equivalent for purposes of Public Law 94-484 to the examination given by the National Board of Medical Examiners to students in most U.S. medical schools. Finally, the physician must pass a test of competence in the comprehension and use of the English language.

Following the discovery that some graduates of three medical schools* in the Dominican Republic had filed falsified documents, not only with ECFMG but also with several state medical licensing boards, ECFMG began an investigation of every graduate of the three schools who held or had met the requirements for ECFMG certification and also of medical students applying for ECFMG certification. In the former category of previously certified graduates there are 590 individuals and in the latter category of applicants, 1908. Our investigation has included obtaining transcripts of record of these individuals not only in one or more of these three schools in the Dominican Republic but also

transcripts of records they may have had in any other medical school or graduate school in the United States or elsewhere. We then have documented the authenticity of the courses taken, including validation of clinical rotations taken by these students in hospitals and medical centers in the United States and in the Dominican Republic. Time periods have been set for receipt of this information, and their expiration triggers the sending of follow-up letters, again by certified mail. Each document received, already certified from its source, is re-submitted by ECFMG to the medical school, hospital or supervising physician for a second, sworn statement of authenticity. Only when all of these steps have been taken, and each document passes "double muster", will an individual receive notice from ECFMG that, based upon these documents, his or her certificate either remains valid or can now be issued. This examination is ongoing, but to date has resulted in the following:

Ten individuals, whom ECFMG had formerly certified, have voluntarily requested that their certification be withdrawn.

Eight individuals have not responded to our requests for information, although they have acknowledged receipt of our registered letters requesting information by signing delivery forms. We have, therefore, revoked their ECFMG Certification.

Concerning these aforementioned individuals, we have informed state medical licensing boards, deans of academic medical centers, program directors of accredited programs, and others of our action. These individuals, of course, will not be permitted entry into residency training nor be acceptable, in most cases, for state licensure.

Further description and explanation of the decisions of our Board of Trustees and of the actions of our staff are described in the accompanying documents, which we submit for inclusion in your hearing record. These include a press release issued by ECFMG on April 18, 1984, a presentation that I made before the Section on Medical Schools of the American Medical Association on June 16, 1984, and a report by Mr. Bruce Hubbard, our legal counsel, before an ECFMG conference on international medical education in Chicago on October 28, 1984. Also, I have enclosed copies of letters which we have sent to responsible parties concerning those who have voluntarily withdrawn from ECFMG certification and those whose certification our Commission has revoked.

Please let me know if you wish any additional information.

Sincerely yours,

Samuel P. Asper, M.D.
President

SPA/ms
Enc: as noted

* Centro de Estudios Tecnicos (CETEC)
Universidad Centro de Investigacion, Formacion y Asistencia Social (CIFAS)
Universidad Tecnologico de Santiago (UTESA)

EDUCATIONAL COMMISSION for FOREIGN MEDICAL GRADUATES
3624 MARKET STREET, PHILADELPHIA, PENNSYLVANIA 19104-2685, U.S.A. ☐ PHONE: 215 386-5900 ☐ CABLE: EDCOUNCIL, PHILADELPHIA

FOR RELEASE WEDNESDAY, APRIL 18, 1984

ACTIONS OF THE BOARD OF TRUSTEES OF THE
EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES
(Washington, D.C., April 14, 1984)

The Board of Trustees of the Educational Commission for Foreign Medical Graduates has been advised that Pedro de Mesones, of Alexandria, Virginia, pleaded guilty to defrauding the people of the United States, hospitals and other health care facilities, the Educational Commission for Foreign Medical Graduates, and state licensing authorities in connection with mail fraud and conspiracy charges. The scheme was reported to have included creating and altering medical school transcripts, falsifying medical student evaluation forms, thus compromising the information supporting some of the medical degrees awarded by CIFAS, CETEC and UTESA (schools located in the Dominican Republic). Subsequently, ECFMG received information concerning these activities from the U.S. Postal Service, the schools involved, and other sources. Following discussion, upon motion duly made, seconded and passed unanimously,

I. THE BOARD VOTED:

To undertake an investigation of those individuals who have attended CIFAS, CETEC and UTESA and are applying for or have received ECFMG certification.

Following further discussion of ECFMG's policies during the pendency of this investigation, upon motion duly made, seconded and passed unanimously,

II. THE BOARD VOTED:

That Standard or Interim ECFMG Certificates will not be issued individuals with diplomas from CIFAS, CETEC, and UTESA without specific documentation to verify the validity of the educational experience. Such investigation is to include verification and validation of records and documents beyond those provided by CIFAS, CETEC and UTESA.

III. THE BOARD VOTED:

That Standard or Interim ECFMG Certificates of individuals with diplomas from CIFAS, CETEC, or UTESA who are currently in accredited programs of graduate medical education will be revalidated or extended for limited periods only, provided that responsible institutional authorities submit proof in writing that these individuals are in such programs.

over

IV. THE BOARD VOTED:

That Standard or Interim ECFMG Certificates of individuals with diplomas from CIFAS, CETEC, or UTESA who are not currently in accredited programs of graduate medical education will not be revalidated until documentation of the educational experience is submitted for verification and validation.

V. THE BOARD VOTED:

That a committee composed of trustees, at least one of whom shall be a member representing the Public-at-Large, together with staff and legal counsel, be appointed to develop written guidelines for investigation of this matter. Such guidelines shall include but not be limited to the documentation to be required, the manner of its validation, the procedures to be followed in each case, and ECFMG action(s) after conclusion of such investigation.

CONTACT: Ray L. Casterline, M.D.
Vice President and
Chief Operating Officer
ECFMG
(215) 386-5900

ARE MEDICAL DIPLOMAS FOR SALE?

Samuel P. Asper, M.D.

President, Educational Commission for Foreign Medical Graduates,

and

Professor of Medicine, The Johns Hopkins University School of Medicine

Presented before Section on Medical Schools, American Medical Association, Chicago, June 16, 1964.

1-216 O—66——18

My mother-in-law was a delightful, charming lady, and also an unpredictable, amusing character in the current, spurious meaning of this word. In Rome, a customs officer asked her how much money she carried. She replied,"I have no intention of telling you. Why, I don't even tell my husband how much money I have." In Venice, she was adamantly reluctant to step into a Gondola as the oarsman had no life preserver on board. In Baltimore, she purchased from an art gallery an oil portrait of a distinguished looking gentleman of an earlier generation and hung it in her dining room. Often, new guests at her table would ask, "Who is your relative?" And her casual reply was, "Oh, that's Uncle Fraudie." Most of her visitors did not appreciate that she meant the portrait was a fraud, at least in establishing kinship. Following her death, the portrait was sold at auction for a handsome price.

Today, we have Uncle Fraudie medical diplomas, exact number unknown, hanging on medical office walls, and most were bought for a handsome price.

During the past 27 years the Educational Commission for Foreign Medical Graduates has verified the credentials of 325,000 candidates for certification. For each candidate from a recognized foreign medical school the process has consisted of several steps. First, the application requires the notarized signature of the medical school dean or other authorized official who attests that the applicant is or has been a bona-fide student in the school. If the candidate passes the medical science and English examinations and requests certification, ECFMG then inspects the medical school diploma, comparing it with a sample provided by the school that includes the signature of one or more officials. Then, in some instances, ECFMG writes the dean for confirmation that the physician has been enrolled as a student, has successfully completed the course

and has duly graduated. This process is painstakingly followed, and over the years has identified a number of imposters.

During the past two or three years, however, some applicants for ECFMG certification appear to have successfully subverted this process. Their maneuver required the deceptive, illegal actions of an accomplice who on their behalf had earlier submitted to selected foreign medical schools false transcripts and other documents purporting to show educational experience and performance that, in fact, had not occurred. A scandal of major proportions has been exposed. It has brought alarm to the public and disgrace to the profession.

That an illicit operation existed was suspected by several U.S. organizations, including ECFMG and at least four state licensing boards. Indeed, in May 1983 the California Board of Medical Quality Assurance, which grants licenses to practice in the State, began to reject applications of graduates of Centro de Estudios Tecnicos known by its acronym as CETEC, because of irregularities found in the documentation of educational experience of some applicants for licensure.

But it was the United States Postal Service that laid a plan to gather incontrovertible evidence that the mails were being used to transmit fraudulent documents, to establish that a conspiracy existed, and to obtain a legal conviction. By late 1983 Postal Authorities had gained sufficient information, including data provided by ECFMG, to request the convening of a federal grand jury. Soon thereafter Mr. Pedro de Mesones, a 58-year old man from Alexandria, Virginia, pleaded guilty to three counts of conspiracy and mail fraud. Mr. de Mesones is reported to have admitted that his company, the Medical Education

Placement Corporation, arranged fraudulent medical degrees for some of his 165 clients by submitting altered transcripts of their school records, falsifying their evaluation forms, and advising them to report clinical rotations that in fact were never taken. In addition to CETEC, the Universidad Centro de Investigacion, Formacion y Asistencia Social (CIFAS) and the Universidad Tecnologica de Santiago (UTESA) were involved.

The damning evidence against de Mesones was obtained by an undercover agent, a nurse, engaged by the Postal Service. Using the name of Odette Bouchard, the nurse sought the help of the Medical Education Placement Organization in enrolling in a medical school and obtaining a medical degree. She is said to have paid a fee of $19,200, was given credit for eight semesters of medical education, and received a degree from CETEC without having previously been on the campus.

Miss Bouchard, perhaps now I should say, "Dr." Bouchard, then applied to ECFMG for examination and certification, submitting among other documents, a photocopy of her medical degree. ECFMG staff inspecting her credentials were not informed that Dr. Bouchard was an undercover agent. A letter was sent from ECFMG to CETEC requesting verification of her graduation. A reply was received from an Associate Dean, who wrote, "This is to certify that Ms. Odette Lucille Bouchard was a full time student in good standing at Escuela de Medicine, Universidad CETEC in the Dominican Republic. Ms. Bouchard was awarded the degree Doctor in Medicine by CETEC University on December 18th, 1982. We thereby confirm that the enclosed copy of her Diploma is Authentic."

Mr. de Mesones was fined and sent to prison, but the story does not end here; it is only the beginning. How many students filed false documents? Are the school authorities also accomplices to Mr. de Mesones' illegal acts? Have off-shore schools other than CETEC, CIFAS, and UTESA been hoodwinked? Who are those who hold fraudulent diplomas, have achieved ECFMG certification, and are now inappropriately in graduate training or even in medical practice in the United States? While the scandal has been exposed, the culprits must yet be identified and removed, and corrective and preventive steps taken - all within the limits of legality.

As soon as it was known that the undercover agent had successfully subverted the credentialling process, and had been admitted to and taken the ECFMG examination (she failed it!), the trustees and staff of ECFMG took prompt action to determine if other graduates of these three schools had filed fraudulent credentials. In response to the investigation of the Postal Service and other information the Board of Trustees met on April 13, 1984, and unanimously agreed to additional steps, to be taken immediately. Madison B. Brown, M.D., ECFMG Board Chairman, explained that the trustees "have both a fiduciary duty to safeguard the American public from persons fraudulently claiming to be foreign medical graduates and a responsibility to reaffirm the credentials of physicians who have received their undergraduate medical education from CIFAS, CETEC or UTESA and have legitimately qualified for and received ECFMG certification." A committee of seven trustees then worked with staff and legal counsel to draw up guidelines to be followed in this investigation.

Every graduate of CETEC, CIFAS and UTESA now holding ECFMG certification will be required to submit detailed documentation of attendance in

medical school, transcripts showing dates of courses taken and grades received, certified records from other schools attended, and a validation of clinical rotations taken in hospitals. The number of such individuals is 475. Each document will be verified by ECFMG in writing from the primary source.

What steps ECFMG will take if rogues are found will be determined later. They may include, however, revocation of ECFMG certification and distribution of this information to appropriate groups, such as training program directors and licensing authorities. The impact of such action will be significant, for ECFMG certification is a prerequisite to participate as a trainee in an ACGME accredited program of graduate medical education and, for licensure in all but four states.

A similar investigation is being made of the credentials of graduates and students from these schools who have applied for ECFMG Examination and Certification. The number is 1800. If imposters are found, they will not be admitted to examination.

This investigation is already well under way, directed by ECFMG Vice President, Dr. Ray L. Casterline, long experienced in the credentialling process. Replies of applicants to our letters of inquiry asking for substantiation of their credentials are pouring in. It is our plan to make our findings and conclusions known when the study is completed, respecting, of course, the identity of individuals.

In the meantime, the Dominican Republic is reported to have closed CETEC and CIFAS, arrested certain medical school officials and impounded the

records of the students. Through an intermediary ECFMG has learned that our investigation of credentials of students will not be delayed.

I should emphasize that ECFMG's investigation is necessarily limited to verifying the validity of the credentials submitted. It is not ECFMG's purpose or responsibility to pass judgment upon the content of the educational experiences on which a medical school bases the award of a diploma.

Nevertheless, What have we learned to date? We have confirmed what many others already have suspected, namely, that third and fourth year students have an unstructured clinical curriculum, often asking practicing physicians and small hospitals for clinical opportunities; that records kept by such physicians and hospitals are often grossly inadequate in showing dates of attendance, not to mention performance of the students; that the schools accept evidence of clinical experience of these students from interns and fellows, and that credit may be given for enrollment in a course that prepares students to take the ECFMG examinations.

And what else have we learned? In the past half dozen years there has been uncontrolled growth in the number of proprietary medical schools in the Caribbean and Mexico that cater to U.S. students. Governments of these nations legitimize these schools if perhaps for no reason other than the income in dollars they bring in to bolster sagging economies. In the Dominican Republic alone the number of schools increased from 5 in 1976 to 16 in early 1984. The number of U.S. citizens applying to take the ECFMG examination has increased from 1,384 in 1978 to 3,154 in 1983. It should not be a surprise to any of us that the proliferation of schools, the large enrollment, the ease of admission, and the

widespread advertising to capture the student market, all coupled with the overwhelming desire of large numbers of Americans to become doctors have led to the discovery and exploitation of weaknesses in the educational system through which the credentialling process could be subverted.

Will ECFMG's investigation go beyond these three medical schools? At the moment, no. If Postal Service Officers in their continuing examinations, or other investigative organizations, determine that fraudulent documents have been submitted to and accepted by other medical schools, we will surely extend our examination to students and graduates of such schools.

ECFMG examines medical students and graduates of foreign medical schools, not the schools themselves. Any evaluation of the educational process is the responsibility of others. Who are "others"? Surely, they are the Departments or Ministries of Education in the national governments of foreign countries that permit the establishment and continuing operation of their medical schools. Departments or Ministries of Education should use their authority to require each of their medical schools to have a curriculum, faculty and facility of good quality and meeting an acceptable standard.

Perhaps, too, the World Health Organization, which publishes a list of schools that are recognized by its member countries, should be encouraged to adopt guidelines that must be met by medical schools in order to be listed in the WHO World Directory of Medical Schools. While a universal standard is probably not acceptable, just as U.S. medical schools would likely reject a nationwide rigid standard for accreditation, Nonetheless the LCME has published general guidelines that are followed by our U.S. medical schools. WHO could establish

its own guidelines and require its listed schools to adhere to them.

Next, program directors can evaluate the qualifications of foreign medical graduates to enter their programs, obviously having the authority to decide whom they will accept for graduate study.

Finally, each of our State Licensing Boards is fully independent and authoritative. They have the right to refuse to license a physician whose education they deem to be deficient.

ECFMG will do its best to make sure that no physician — U.S. citizen or foreign national — who conspires to subvert the certifying process will enter graduate training in the United States. The efforts of others are needed, however, in requiring that U.S. citizens studying abroad, who plan to return to practice here, meet at least the minimum standards required of graduates of our LCME accredited schools.

BRUCE A. HUBBARD - OCTOBER 28, 1984

IT WAS THE POET AND NOVELIST SIR WALTER SCOTT WHO FIRST CAUTIONED US "O, WHAT A TANGLED WEB WE WEAVE, WHEN FIRST WE PRACTICE TO DECEIVE". ECFMG TODAY FINDS ITSELF IN THE POSITION OF TRYING TO UNRAVEL THE WEB OF FRAUD AND DECEIT CREATED BY THE APPARENT SUBMISSION OF FRAUDULENT CREDENTIALS BY SOME FOREIGN MEDICAL STUDENTS AND GRADUATES.

I WOULD LIKE TO REVIEW WITH YOU THIS MORNING THE BACKGROUND AND SCOPE OF THE CREDENTIALLING PROBLEM, AND GIVE YOU AN UPDATE ON ECFMG'S ONGOING INVESTIGATION AND ACTIONS TO DEAL WITH IT.

RUMORS AND SUSPICIONS ABOUT THE CREDENTIALS OF AT LEAST SOME FOREIGN MEDICAL GRADUATES HAVE BEEN PREVALENT FOR A NUMBER OF YEARS. THE LIMITED NUMBER OF PLACES AVAILABLE IN U.S. MEDICAL SCHOOLS AND, SUBSEQUENTLY, COMPETITION FOR AVAILABLE PGY-1 POSITIONS HAVE ENORMOUSLY INCREASED THE PRESSURE UPON STUDENTS AND GRADUATES, BOTH FOREIGN AND U.S. BORN, WHO WANT DESPERATELY TO BE ADMITTED INTO THE MAINSTREAM OF AMERICAN MEDICAL EDUCATION. SOME, UNFORTUNATELY, HAVE SUCCUMBED TO THAT PRESSURE. IN RECENT YEARS, WE HAVE SEEN A PLETHORA OF EXAMPLES OF EFFORTS TO COMPROMISE VARIOUS EXAMINATIONS, INCLUDING THE FLEX EXAMINATION, THE MCAT, AND THE ECFMG (NOW FMGEMS) MEDICINE EXAMINATION, AMONG OTHERS. THESE HAVE INCLUDED THE OUTRIGHT THEFT OF EXAMINATIONS IN ADVANCE, ON-SITE CHEATING, SUBSTITUTION OF EXAM TAKERS, AND OTHER DECEPTIONS. ECFMG, OF COURSE, WAS REQUIRED TO INVALIDATE A PORTION OF THE SCORES ON ITS JULY,

1983 EXAMINATION AND OFFER A MAKE-UP EXAMINATION TO APPROXIMATELY 10,000 CANDIDATES BECAUSE OF JUST SUCH AN INCIDENT.

THE PROCEDURE FOLLOWED THERE SHARES TWO CRUCIAL ELEMENTS WITH THAT BEING FOLLOWED IN ECFMG'S CURRENT INVESTIGATION OF CREDENTIALS. BOTH WERE DESIGNED, WITHIN THE LIMITS OF ABILITY AND PRACTICALITY, TO: (1) ATTEMPT TO INSURE THAT NO ONE COULD OBTAIN ECFMG CERTIFICATION WITHOUT MEETING, LEGITIMATELY, ECFMG'S LONG-ESTABLISHED REQUIREMENTS; WHILE AT THE SAME TIME, (2) MAKING EVERY CONCEIVABLE EFFORT TO BE FAIR, TO REMOVE RATHER THAN PERPETUATE SUSPICION FROM THOSE WHO, THOUGH INNOCENT, HAVE BEEN CAUGHT UP IN THE WEB OF DECEPTION PRACTICED BY OTHERS.

AS MANY OF YOU KNOW, THE FIRST "BREAK" IN THE CREDENTIALS CASE WAS BROUGHT ABOUT BY THE UNITED STATES POSTAL SERVICE, WHICH AFTER MANY MONTHS OF INVESTIGATION OBTAINED AN INDICTMENT AND SUBSECUENT GUILTY PLEA TO FEDERAL CRIMINAL CHARGES BY ONE PEDRO DE MESONES. HIS PRACTICES APPARENTLY INCLUDED ARRANGING FRAUDULENT DEGREES FOR FOREIGN MEDICAL STUDENTS THROUGH THE USE OF FALSIFIED TRANSCRIPTS, EVALUATION FORMS, AND EVIDENCE OF CLINICAL ROTATIONS NOT IN FACT TAKEN. QUESTIONS WERE THUS RAISED ABOUT THE VALIDITY OF MEDICAL DEGREES AWARDED BY THREE SCHOOLS: CENTRO DE ESTUDIOS TECNICOS (CETEC), UNIVERSIDAD CENTRO DE INVESTIGACION, FORMACION Y ASISTENCIA SOCIAL (CIFAS), AND THE UNIVERSIDAD TECHNOLOGICA DE SANTIAGO (UTESSA), ALL IN THE DOMINICAN REPUBLIC.

VARIOUS GROUPS AND AGENCIES BEGAN INVESTIGATING THESE AND OTHER SCHOOLS. THE GOVERNMENT OF THE DOMINICAN REPUBLIC ACTED TO CLOSE, FOR A TIME, SOME OF THE SCHOOLS AND SEIZED STUDENT FILES. A NUMBER OF STATE MEDICAL BOARDS BEGAN GRAPPLING WITH THE QUESTION OF WHETHER TO BAN COMPLETELY GRADUATES OF CERTAIN SCHOOLS FROM EVER OBTAINING A LICENSE TO PRACTICE MEDICINE IN THOSE STATES. CALIFORNIA AND TEXAS ARE EXAMPLES. SOME STATES, SUCH AS NEW YORK, BEGAN TO MOVE AT LEAST TENTATIVELY TOWARD ATTEMPTING TO INSPECT AND ACCREDIT CERTAIN OFFSHORE MEDICAL SCHOOLS. I OFFER NO OPINION ON EITHER THE WISDOM OR LEGALITY OF THOSE STEPS.

FOR ECFMG, HOWEVER, THE PROBLEM AND ITS SOLUTION HAVE A DIFFERENT FOCUS. WHILE WE HAVE COOPERATED WITH AUTHORITIES IN THIS COUNTRY AND IN THE CARRIBEAN, AND WITH STATE MEDICAL BOARDS, ECFMG HAS ITS OWN ROLE - AND ITS OWN OBLIGATION TO THE PUBLIC. ECFMG EXAMINES, EVALUATES, AND CERTIFIES INDIVIDUALS, NOT COUNTRIES, MEDICAL SCHOOLS, CLINICAL ROTATIONS, OR EDUCATIONAL PROGRAMS. YET, IT APPEARED LIKELY THAT INDIVIDUALS WITH SUSPECT CREDENTIALS WERE SEEKING, OR WORSE YET HOLDING OUT TO THE WORLD, AN ECFMG CERTIFICATE, BACKED BY ALL OF THE CREDIBILITY THAT ECFMG HAS BUILT UP OVER MORE THAN A QUARTER CENTURY.

ACCORDINGLY, ECFMG ACTED QUICKLY, NOT TO FOLLOW IN THE FOOTSTEPS OF OTHERS, BUT TO CONDUCT ITS OWN INDEPENDENT INVESTIGATION, TO FULFILL ITS ROLE, AND TO ASSURE THE INTEGRITY OF ITS CERTIFICATION. THE ECFMG BOARD OF TRUSTEES MET IN APRIL OF THIS YEAR AND ESTABLISHED A SPECIAL COMMITTEE OF SEVEN

TRUSTEES, FOUR OF THEM PUBLIC MEMBERS, TO ESTABLISH GUIDELINES FOR THE INVESTIGATION. WORKING WITH ECFMG'S EXPERIENCED CREDENTIALLING STAFF, THE COMMITTEE DID SO IN MAY OF THIS YEAR. ESSENTIALLY, THE CONCEPT WAS TO CONTACT EACH AND EVERY INDIVIDUAL WITH ANY CREDENTIALS FROM CETEC, CIFAS OR UTESSA WHO HAVE COME WITHIN ECFMG'S AMBIT, ADVISE THEM OF THE INVESTIGATION, AND REQUEST THAT THEY SUBMIT FOR VERIFICATION BY ECFMG DOCUMENTATION OF THEIR MEDICAL EDUCATION EXPERIENCE. THIS CONTACT WAS ESTABLISHED BY SENDING CERTIFIED RETURN RECEIPT LETTERS, IN THE FIRST INSTANCE TO THOSE WHO EITHER HAD ECFMG CERTIFICATES OR HAD SOME ELIGIBILITY FOR A CERTIFICATE, SUCH AS AN EXAMINATION RESULT LETTER WHICH NOTIFIED THEM OF ELIGIBILITY. IN KEEPING WITH THE PRINCIPLE OF FAIRNESS I MENTIONED EARLIER, THOSE INDIVIDUALS ALREADY IN OR ACCEPTED IN ACCREDITED GRADUATE MEDICAL TRAINING PROGRAMS HAVE BEEN PERMITTED TO CONTINUE THEIR TRAINING WHILE THE INVESTIGATION IS PENDING.

EACH INDIVIDUAL IS REQUIRED TO SUBMIT CERTIFIED TRANSCRIPTS FROM THE SCHOOL AWARDING HIS OR HER DEGREE, CERTIFIED TRANSCRIPTS FROM OTHER MEDICAL SCHOOLS FOR WHICH CREDIT WAS GIVEN, AND EVIDENCE FROM THE SOURCE DOCUMENTING CLINICAL ROTATIONS. TIME PERIODS HAVE BEEN SET FOR RECEIPT OF THIS INFORMATION, AND THEIR EXPIRATION TRIGGERS THE SENDING OF FOLLOW-UP LETTERS, AGAIN CERTIFIED MAIL. EACH DOCUMENT RECEIVED, ALREADY CERTIFIED FROM ITS SOURCE, IS PAINSTAKINGLY RE-SUBMITTED BY ECFMG TO THE MEDICAL SCHOOL, HOSPITAL OR SUPERVISING PHYSICIAN FOR A SECOND, SWORN STATEMENT OF AUTHENTICITY. ONLY WHEN ALL OF THESE STEPS HAVE BEEN TAKEN, AND EACH DOCUMENT PASSES

"DOUBLE MUSTER", WILL AN INDIVIDUAL RECEIVE NOTICE FROM ECFMG THAT, BASED UPON THESE DOCUMENTS, HIS OR HER CERTIFICATE EITHER REMAINS VALID OR CAN NOW BE ISSUED. INDIVIDUALS WITH LEGITIMATE CREDENTIALS HAVE NOTHING TO FEAR FROM SUCH A PROCEDURE, AND ECFMG HAS DONE EVERYTHING IN ITS POWER TO EXPEDITE THE PROCESS FOR SUCH PEOPLE. THE LARGE MAJORITY ARE COOPERATING. A HANDFUL TO DATE HAVE VOLUNTARILY SURRENDERED THEIR CERTIFICATES, TRANSFERRED TO ANOTHER MEDICAL SCHOOL, OR CHOSEN TO PURSUE OTHER CAREERS. UPON RECEIPT OF A CERTIFICATE, ECFMG WILL IMMEDIATELY NOTIFY ALL STATE LICENSING JURISDICTIONS AND PROGRAM DIRECTORS OF ITS INVALIDITY.

WHERE DO WE STAND? RECOGNIZE THAT THE UNIVERSE OF INDIVIDUALS NUMBERS OVER 2,000. MANY ARE STILL IN SCHOOL, SEVERAL YEARS AWAY FROM EVEN APPLYING FOR ECFMG CERTIFICATION. THEY CAN WAIT; THEY HAVE BEEN IDENTIFIED; THEY ARE "IN THE PIPELINE"; AND THEIR CREDENTIALS CAN BE VERIFIED AS AND WHEN THEY COME TO ECFMG FOR CERTIFICATION. THE MORE PRESSING PROBLEMS ARE THAT GROUP WHICH HAS SOME EVIDENCE OF ECFMG SANCTION, AND THOSE WHO ARE OTHERWISE ENTITLED TO IT, GUILTY AND INNOCENT ALIKE. THESE NUMBER APPROXIMATELY ONE-QUARTER OF THE TOTAL UNIVERSE, AND IT IS UPON THEM THAT THE INVESTIGATION HAS FIRST FOCUSED. THESE INDIVIDUALS RECEIVED THE INITIAL LETTERS IN MAY OR JUNE OF THIS YEAR. MOST RESPONDED, BRINGING THEM WITHIN THE PIPELINE. THE DOCUMENTATION PROCESS CAN BE SLOW. DELAYS HAVE OCCURRED IN THE APPLICANT'S OBTAINING OR SUBMITTING DOCUMENTS, OR ON THE PART OF MEDICAL SCHOOLS ASKED TO REVALIDATE TRANSCRIPTS. IN SOME CASES, HOSPITALS OR OTHER INSTITUTIONS HAVE

CLOSED, OR SUPERVISING PHYSICIANS HAVE LEFT OR PASSED AWAY, REQUIRING A SEARCH FOR OR RECONSTRUCTION OF RECORDS. THE PAPER TRAIL IS DIFFICULT AND TIME-CONSUMING, BUT MUST BE FOLLOWED IF WE ARE TO ROOT OUT THE FRAUDS AND REMOVE THE CLOUD FROM THE INNOCENT.

SOME IN THIS GROUP OF 600 OR SO HAVE COOPERATED IN THE INVESTIGATION, SUBMITTED ALL REQUESTED DOCUMENTATION, AND HAD IT VERIFIED BY ECFMG. I AM PLEASED TO ANNOUNCE THAT THE ECFMG BOARD OF TRUSTEES, MEETING YESTERDAY, TOOK ACTION WHICH WILL RESULT IN APPROXIMATELY 23 SUCH PEOPLE BEING NOTIFIED THAT THE INVESTIGATION IS CLOSED AS TO THEM. SOME, AS I MENTIONED EARLIER, HAVE "SURRENDERED", ALTHOUGH THE FILES OF THOSE WHO TRANSFER TO OTHER SCHOOLS WILL BE FLAGGED FOR INVESTIGATION AT A FUTURE DATE. AS TO THE OTHERS WHO RESPONDED TO THE INITIAL LETTERS, THE VERIFICATION PROCESS CONTINUES. AGAIN, THESE ARE PEOPLE IN THE PIPELINE; THEY CANNOT HOLD THEMSELVES OUT AS ECFMG CERTIFIED UNTIL THE INVESTIGATION TAKES ITS COURSE.

FINALLY, THERE ARE THOSE NOT IN THE PIPELINE, INDIVIDUALS WHO IGNORED THE INITIAL ECFMG LETTER, PERHAPS HOPING THEY WOULD BE OVERLOOKED. THEY WILL NOT. EACH HAS RECEIVED A SECOND LETTER, RECALLING THE FIRST AND THE EVIDENCE OF ITS RECEIPT. AGAIN AS APPROVED BY THE BOARD YESTERDAY, THESE INDIVIDUALS HAVE BEEN GIVEN FOURTEEN ADDITIONAL DAYS TO RESPOND. IF THEY DO, THEY WILL JOIN THE OTHERS IN THE PIPELINE. IF THEY AGAIN IGNORE THE INVESTIGATION, THEIR ECFMG CERTIFICATE OR OTHER DOCUMENTATION WILL BE REVOKED, AUTOMATICALLY. STATE LICENSING BOARDS AND HOSPITAL PROGRAM DIRECTORS WILL BE SO NOTIFIED

IMMEDIATELY. NO ONE WILL HOLD AN ECFMG CERTIFICATE WHO HAS NOT BEEN THROUGH THE INVESTIGATIVE PROCESS.

BY MEANS OF THIS PROCEDURE, ECFMG HAS ATTEMPTED TO DEAL FAIRLY, EXPEDITIOUSLY, AND RESPONSIBLY WITH THE SITUATION IT CONFRONTS. IT HAS NEITHER SHIRKED ITS RESPONSIBILITIES NOR ENGAGED IN A WITCH HUNT. KEEP IN MIND THAT ECFMG'S ROLE IS TO VERIFY THE VALIDITY OF CREDENTIALS. IT IS NOT AND HAS NOT BEEN TO EVALUATE, OR JUDGE, THE CONTENT OF THE EDUCATIONAL EXPERIENCE, THE PROPRIETY OF CREDITS AWARDED FOR THE AMOUNT OF WORK DONE, OR THE QUALITY OF THE MEDICAL SCHOOL AWARDING THE DEGREE. THOSE ARE TASKS WHICH OTHERS MUST PERFORM. BUT WHERE WE FIND FRAUD, OR FORGERY, OR PHANTOM CLINICAL EXPERIENCE, WE WILL EXPOSE THEM AND ACT UPON THEM TO PROTECT THE INTEGRITY OF THE ECFMG CERTIFICATE AND THE CONFIDENCE THE PUBLIC AND MEDICAL COMMUNITY HAVE PLACED IN IT.

MOHANDAS GHANDI, THE CONSCIENCE OF INDIA, ONCE OBSERVED THAT "A MAN OF CHARACTER WILL MAKE HIMSELF WORTHY OF ANY POSITION HE IS GIVEN." ECFMG HAS TAKEN STEPS TO ASSURE THAT THOSE WHO SEEK POSITIONS BASED UPON ITS CERTIFICATION HAVE NOT BETRAYED THAT CHARACTER.

BAH2-H

EDUCATIONAL COMMISSION for FOREIGN MEDICAL GRADUATES

3624 MARKET STREET, PHILADELPHIA, PENNSYLVANIA 19104-2685, U.S.A. ☐ PHONE: 215 386-5900 ☐ CABLE: EDCOUNCIL, PHILADELPHIA

November 15, 1984

MEMORANDUM

TO: Federation of State Medical Boards of the United States
All State Boards of Medical Examiners
Hospital Administrators/Graduate Medical Education Program Directors
Surgeons General, Uniformed Services of the United States
Veterans Administration
Division of Survey and Data Resources, American Medical Association
Inspector General, United States Department of Education
Inspector General, United States Department of Health and Human Services
Surgeon General, United States Public Health Services

SUBJECT: Revocation of ECFMG Certification

The Educational Commission for Foreign Medical Graduates (ECFMG) has revoked the ECFMG certification of the following individuals:

Ray L. Castorline, M.D.
Vice President

EDUCATIONAL COMMISSION for FOREIGN MEDICAL GRADUATES

3624 MARKET STREET, PHILADELPHIA, PENNSYLVANIA 19104-2685, U.S.A. ☐ PHONE: 215 386-5900 ☐ CABLE: EDCOUNCIL, PHILADELPHIA

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TO: Federation of State Medical Boards of the United States
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Veterans Administration
Division of Survey and Data Resources, American Medical Association
Inspector General, United States Department of Education
Inspector General, United States Department of Health and Human Services
Surgeon General, United States Public Health Services

This is to advise you that the following individuals have voluntarily surrendered their Standard ECFMG Certificates.

Consequently, these persons are no longer eligible to hold any form of certification of the Educational Commission for Foreign Medical Graduates:

Ray L. Casterline, M.D.
Vice President

EDUCATIONAL COMMISSION for FOREIGN MEDICAL GRADUATES
3624 MARKET STREET, PHILADELPHIA, PENNSYLVANIA 19104-2685, U.S.A. ☐ PHONE: 215 386-5900 ☐ CABLE: EDCOUNCIL, PHILADELPHIA

November 15, 1984

Dear Doctor:

Due to your failure to respond to two letters requesting documentation of your medical credentials, the Educational Commission for Foreign Medical Graduates (ECFMG) is revoking your ECFMG Certification.

The following persons and organizations have been notified that ECFMG has revoked your ECFMG Certification:

Federation of State Medical Boards of the United States
All State Boards of Medical Examiners
Hospital Administrators/Graduate Medical Education Program Directors
Surgeons General, Uniformed Services of the United States
Veterans Administration
Division of Survey and Data Resources, American Medical Association
Inspector General, United States Department of Education
Inspector General, United States Department of Health and Human Services
Surgeon General, United States Public Health Services

As stated on the ECFMG application form for examination, the Standard ECFMG Certificate remains the property of ECFMG and must be returned if ECFMG determines that you are not eligible for such certification. Therefore, immediately return the original certificate by registered mail to ECFMG.

Sincerely,

Ray L. Casterline, M.D.
Vice President, Chief Operating Officer

APPENDIX 23

U.S. House of Representatives

SELECT COMMITTEE ON AGING

SUBCOMMITTEE ON HEALTH AND LONG-TERM CARE

718 House Office Building Annex 1

Washington, D.C. 20515

(202) 226-3321

October 19, 1984

Dear General Mittemeyer:

The Select Committee on Aging, Subcommittee on Health and Long-Term Care, would appreciate your assistance.

The Subcommittee is conducting an investigation into problems caused by individuals who present false documentation in order to qualify for entrance into the medical professional.

We have been informed that the Army may have detected at least one individual who presented false documentation obtained from a foreign school.

As a result, I understand that at least three information papers have been written to describe this specific situation, the Army's verification process and steps taken to prevent future occurrences of this kind. I would appreciate receiving copies of these papers. I would also appreciate any general recommendations on steps that could be taken to prevent recurrence of this problem, along with any other information you could share.

If you have questions on this request, please call Mr. Bill Halamandaris, Subcommittee Staff Director, at 226-3381.

Thank you in advance for your assistance in this matter.

With kindest regards,

Very sincerely,

Claude Pepper
Chairman

Lieutenant General B.T. Mittemeyer
The Surgeon General
Department of the Army
Room 3E-468
The Pentagon
Washington, DC 20310

CP:bhm

APPENDIX 24

DEPARTMENT OF THE ARMY
OFFICE OF THE SURGEON GENERAL
WASHINGTON, DC 20310-2300

REPLY TO ATTENTION OF
SGPE-PDM-M

05 NOV 1984

Honorable Claude Pepper
Chairman, Select Committee on Aging
House of Representatives
Washington, D.C. 20515

Dear Mr. Pepper:

In the temporary absence of LTG Mittemeyer, I am responding to your letter dated October 19, 1984, regarding problems caused by individuals who present false documentation in order to qualify for entrance in the medical profession. From all the data we have been able to gather, the specific problem focuses around individuals obtaining fraudulent foreign medical degrees bearing the name of a select few Caribbean medical schools.

The Army was alerted by a New York State investigative source that an individual who presented false documentation obtained from a foreign school might be on active duty. This was found to be true and immediate legal action was initiated. As a result, a thorough review was made of the process used to verify the education of foreign medical graduates who have applied to enter the active Army, Army Reserve, and Army National Guard. The process was found to be sound and in keeping with the process used by the civilian medical community.

In order to apply for entry, foreign medical graduates are required to be certified by the Educational Commission for Foreign Medical Graduates (ECFMG). Certification by the ECFMG requires proof of graduation and a passing score on an examination administered by the ECFMG. The ECFMG verifies foreign medical degrees either with the foreign school or with their own reference library. The AMEDD's reliance on the ECFMG for verification of foreign medical degrees is consistent with that of the entire civilian community. In order to strengthen the Army's process, plans are underway to require verification directly with the foreign medical schools in cases where the ECFMG has not obtained direct verification of the foreign degree.

The above mentioned process will limit future occurrences of this kind to the very minimum. In addition, an audit is currently being conducted to verify the education of all physicians, civilian and military, associated with the Army.

05 NOV 1984

In general, we are quite satisfied with our ability to verify the degrees of physicians trained in schools located in the United States, Canada, and Puerto Rico. It is recommended that your Committee contact the Educational Commission for Foreign Medical Graduates (ECFMG) regarding foreign medical graduates. This organization will be able to provide the most current information relative to the process and problems associated with verification of foreign degrees. The ECFMG is fully cognizant of its responsibility and is dedicated to ensure that only qualified physicians are allowed to practice in the United States.

The requested information papers are enclosed and we trust this information will be of assistance to you in your investigation. Be assured your continued interest in and support of the Army Medical Department are appreciated.

Sincerely,

Edward J. Huycke

Edward J. Huycke
Major General, MC
Acting The Surgeon General

Enclosures

INFORMATION PAPER

SGPE-PDM-M

SUBJECT: CPT Abraham Berger, 066-50-071D

ISSUE. How were Captain Berger's medical school credentials found to be fraudulent.

FACTS.

1. On 26 June 1984, Captain Berger was the subject of an ongoing investigation conducted by the New York State Education Department, Office of Professional Discipline. Senior Investigator Gail Malis contacted the USAR AMEDD Procurement Office, Fort Hamilton, New York to determine whether or not Captain Berger is/was affiliated with the United States Army. That same morning, the Procurement Division, (SGPE-PDM-M) AMEDDPERSA contacted Ms. Malis to confirm. Captain Berger was currently on active duty. Ms. Malis then provided the Procurement Division with preliminary investigative information which revealed Captain Berger's medical degree to be fraudulent. The Procurement Division then contacted the Educational Commission for Foreign Medical Graduates, Philadelphia, Pennsylvania which stated that Captain Berger's file contained a letter from the Dean of the Universidad Central del Este, stating Captain Berger was not a graduate of his medical school.

2. Based on the above information, the Commander of Letterman Army Medical Center was notified and Captain Berger was relieved of all duties 26 June 1984. All information has been turned over to the local Criminal Investigation Division.

CPT Parker/36162

30 JUN 1984

INFORMATION PAPER

SGPE-PDM-M

SUBJECT: Validation of Physician Credentials

ISSUE. What system is used to validate the credentials of AD, ARNG, and USAR physicians?

FACTS.

1. The verification process of credentials presented by AD, ARNG, and USAR volunteer physicians is as follows:

MEDICAL DEGREE:

a. Degrees earned within the United States are verified with the issuing institution or with the AMA master file.

b. Degrees earned outside the United States must be presented with a valid certificate issued by the Educational Commission for Foreign Medical Graduates (ECFMG). This certificate is verified by calling the ECFMG which requires proof of graduation before a certificate is issued.

OSTEOPATHIC DEGREE/TRAINING: All osteopathic degrees and graduate training certificates are verified directly with the issuing institution.

GRADUATE MEDICAL EDUCATION: Certificates of training are verified with the issuing institution or with the AMA master file. Graduate Medical Education taken outside the United States will be recognized if the American Board of that particular subspecialty recognizes the training in writing as the equivalent of United States training.

STATE LICENSE: The Board of Medical Examiners for each state is contacted by telephone to insure licenses are current, permanent and unrestricted. State/United States Territorial licensure is a prerequisite for fully trained non obligated applicants.

2. The AMA physician master file information is requested for all applicants (as of Jul 84). The master file includes members and nonmembers of the AMA and foreign medical graduates who live in the United States.

3. The current system of contacting educational institutions, ECFMG, state licensure activities and American Subspecialty Boards was instituted September 1981.

CPT Parker/36162

30 JUN 1984

INFORMATION PAPER

SGPE-PDN

SUBJECT: New York Conference on Fraudulent Caribbean Medical Degrees

FACTS:

1. As a result of the interface between various Army activities and New York State Education Department, Office of Professional Discipline (NYSOPD) relating to CPT A. Berger's fraudulent medical degree, NYSOPD invited representatives of AHEDDPERSA, CID and SJA to the subject conference.

2. The Army Currently relies on the validation process of the Educational Commission for Foreign Medical Graduates (ECFMG) concerning all foreign medical degrees.

3. With the numerous medical schools operating in the Caribbean and Mexico which cater primarily to American Citizens, the United States is faced with a multi-million dollar "short order" physician industry which may be more concerned with obtaining American dollars than with training competent physicians.

4. The New York State Education Department, Office of Professional Discipline (NYSOPD), which conducted the subject conference, presented evidence which leads them to believe that there are upwards of 2000 individuals with fraudulent/suspect foreign medical degrees in the United States who may be attempting to obtain state licensure this year.

5. The consensus of attendees is that the current system of validation of foreign degrees by the ECFMG is outdated, insufficient, and incapable of identifying all persons holding suspect degrees. EXAMPLE: The State of Georgia, in light of this scandal, now requires degree validation directly from Caribbean schools. New York, Texas, and California have put a freeze on licensing all Caribbean graduates until further investigation is concluded.

6. The NYSOPD has forwarded a computer listing of 530 caribbean graduates who are currently being investigated, with the understanding that all 530 degrees may not be fraudulent. These names will be cross referenced with AD List, USARNG and USAR physicians. Additionally NYSOPD has offered continued support as required.

7. There are a substantial number of actions the Army could take, given this new information. Caution should be exercised so that each alternative is carefully considered. EXAMPLE: A class action suit is being formulated by Caribbean graduates residing in both New York and California who are not being allowed licensure due to the freeze those two states have instituted.

8. Chief, Officer Procurement Division is formulating a meeting to discuss above stated information with representatives of the following activities: SGPE-PD, -MC, -EDG, DASG-PTZ, -MC, -RTB, -PSQ. Due to TDY/LV considerations, this meeting will take place not later than 30 September 1984.

CPT Parker/36162

30 AUG 1984

APPENDIX 25

RESULTS OF SUBCOMMITTEE STAFF SURVEY OF STATE MEDICAL LICENSING BOARDS—DECEMBER 1984

	Yes	No
(1) Do you ever receive complaints relating to the validity or authenticity of credential of physicians in your state?:[1]		
Alabama	X	
Alaska		X
Arizona	X	
Arkansas		X
California	X	
Colorado		X
Connecticut	X	
Delaware	X	
District of Columbia		X
Florida	X	
Georgia	X	
Hawaii	(*)	
Idaho		X
Illinois	X	
Indiana	X	
Iowa	X	
Kansas	X	
Kentucky	X	
Louisiana	X	
Maine	X	
Maryland	X	
Massachusetts	X	
Michigan	X	
Minnesota	X	
Mississippi	X	
Missouri	X	
Montana	X	
Nebraska	X	
Nevada	(*)	
New Hampshire	X	
New Jersey	X	
New Mexico	(*)	
New York	X	
North Carolina	X	
North Dakota		X
Ohio	X	
Oklahoma		X
Oregon	X	
Pennsylvania	X	
Rhode Island	X	
South Carolina	X	
South Dakota	X	
Tennessee	X	
Texas	X	
Utah		X
Vermont	X	
Virginia	(*)	
Washington	X	
West Virginia	X	
Wisconsin	X	
Wyoming	X	
(2) Have you ever had an experience with any phoney doctors in your state, or those who pretend to have medical degrees?:[2]		
Alabama	X	
Alaska	X	
Arizona		X
Arkansas	X	

RESULTS OF SUBCOMMITTEE STAFF SURVEY OF STATE MEDICAL LICENSING BOARDS—DECEMBER 1984—Continued

	Yes	No
California	X	
Colorado		X
Connecticut	X	
Delaware		X
District of Columbia		X
Florida	X	
Georgia	X	
Hawaii	(*)	
Idaho		X
Illinois	X	
Indiana	X	
Iowa	X	
Kansas	X	
Kentucky	X	
Louisiana		X
Maine	X	
Maryland		X
Massachusetts	X	
Michigan		X
Minnesota		X
Mississippi		X
Missouri		X
Montana		X
Nebraska		(*)
Nevada	(*)	
New Hampshire		X
New Jersey	X	
New Mexico	(*)	
New York	X	
North Carolina		X
North Dakota		X
Ohio		X
Oklahoma		X
Oregon		X
Pennsylvania	X	
Rhode Island	X	
South Carolina	X	
South Dakota		X
Tennessee		X
Texas		X
Utah	X	
Vermont		X
Virginia	X	
Washington	X	
West Virginia		X
Wisconsin		X
Wyoming	X	
(3) Is this a serious problem? [3]		
Alabama	X	
Alaska	X	
Arizona	X	
Arkansas		X
California	X	
Colorado	X	
Connecticut	X	
Delaware	X	
District of Columbia	X	
Florida	X	
Georgia	X	
Hawaii	(*)	
Idaho	X	

RESULTS OF SUBCOMMITTEE STAFF SURVEY OF STATE MEDICAL LICENSING BOARDS—DECEMBER 1984—Continued

	Yes	No
Illinois	X	
Indiana	X	
Iowa	X	
Kansas	X	
Kentucky	X	
Louisiana	X	
Maine	X	
Maryland	X	
Massachusetts	X	
Michigan	X	
Minnesota	X	
Mississippi	X	
Missouri	X	
Montana	X	
Nebraska	X	
Nevada	(*)	
New Hampshire	(*)	
New Jersey	X	
New Mexico	(*)	
New York	X	
North Carolina		X
North Dakota	X	
Ohio	X	
Oklahoma	X	
Oregon	X	
Pennsylvania	X	
Rhode Island	X	
South Carolina	X	
South Dakota	X	
Tennessee	X	
Texas	X	
Utah	X	
Vermont	X	
Virginia	(*)	
Washington	X	
West Virginia	X	
Wisconsin	X	
Wyoming	X	
(4) Do you share information with other states regarding revoked licenses?: [4]		
Alabama	X	
Alaska	X	
Arizona	X	
Arkansas	X	
California	X	
Colorado	X	
Connecticut	X	
Delaware	X	
District of Columbia	X	
Florida	X	
Georgia	X	
Hawaii	(*)	
Idaho	X	
Illinois	X	
Indiana	X	
Iowa	X	
Kansas	X	
Kentucky	X	
Louisiana	X	
Maine	X	
Maryland	X	
Massachusetts	X	

RESULTS OF SUBCOMMITTEE STAFF SURVEY OF STATE MEDICAL LICENSING BOARDS—DECEMBER 1984—Continued

	Yes	No
Michigan	X	
Minnesota	X	
Mississippi	X	
Missouri	X	
Montana	X	
Nebraska	X	
Nevada	(*)	
New Hampshire	X	
New Jersey	X	
New Mexico	(*)	
New York	X	
North Carolina	X	
North Dakota	X	
Ohio	X	
Oklahoma	X	
Oregon	X	
Pennsylvania	X	
Rhode Island	X	
South Carolina	X	
South Dakota	X	
Tennessee	X	
Texas	X	
Utah	X	
Vermont	X	
Virginia	X	
Washington	X	
West Virginia	X	
Wisconsin	X	
Wyoming	X	

* Not available.

1 About 80 percent of States indicated they receive complaints relating to the validity or authenticity of credentials of physicians in their State.
2 About half the States indicated they had experience with phoney doctors in their States.
3 Virtually all the States, with the exception of Arkansas and North Carolina, considered the situation of "phoney docs" a serious one.
4 All States share info with other States regarding revoked licenses.