

"¡Buenos días!" Chairman Sanders and Ranking Member Cassidy.

My name is Dr. Michael Galvez. I stand before you as a husband, father, son of Peruvian immigrants, surgeon, and advocate for "*mi comunidad*" (my Latino community).

I am honored to serve as a Pediatric Hand surgeon to help children with complex hand conditions at Valley Children's Hospital in the Central Valley of California – a region with significant disparity and need for high-quality care.

"Hablo español todos los días" (I speak Spanish every day) with my patients. In my practice of medicine, I've come to recognize that my language and culture are as valuable as my training at prestigious universities. There is nothing like seeing the face of a Latino child's mother when I come through a clinic door and begin speaking Spanish— immediately alleviating fear as their first encounter with a physician that speaks "el idioma" (the language). As a specialist, I see complex problems and having the "superpower" of language proficiency and understanding the culture adds clarity and connection.

After working at medical institutions across the United States, I've asked myself constantly, "why don't I see more students and faculty like myself?"

For that reason I helped co-found National Latino Physician Day celebrated on October 1st, along with Stanford Obstetric Anesthesiologist Dr. Cesar Padilla, to spotlight the underrepresentation of Latinos and Latinas in medicine. This effort has rapidly evolved into a movement, supported by the National Hispanic Medical Association, the Latino Medical Student Association and nearly every medical organization across the country.

We rally behind the motto "6% is not enough!" in recognition of the public health crisis affecting our community. Despite being the largest minority group in the U.S., Latinos represent only 6.9% of the physician workforce, a contrast to our almost 20% representation of the nation's population and nearly 40% in the states of California and Texas. There are not enough physicians to provide high-quality care to communities that are the backbone of our economy and overrepresented in difficult professions including agricultural and construction work. Latinos in the U.S. have the fifth-largest Gross Domestic Product \*(GDP) in the world, however we have limited access to healthcare, face language and cultural barriers, experience poorer cancer and maternal health outcomes, and had increased COVID-19 mortality during the pandemic. This deeply burdens the nation's social safety nets, more missed school days for children, and lower productivity. In a real way, it stunts the development and potential of our country.

Our institutions, hospitals, medical schools, and indeed, Congress, have an ethical responsibility to address the underrepresentation of Latino physicians to meet the needs of a growing Latino population which will comprise one-third of the population by 2050. But the journey to medicine is full of socioeconomic barriers, especially for Latino students and other underrepresented backgrounds.

In my journey, community college education was key to my success, but sometimes can be the only educational option available. To expand the percentage of Latino physicians, and minority physicians in general, it is critical to meet them where they are at— in our nation's

community colleges. The commercialization of medical school admissions and reliance on standardized tests often overlooks the potential of compassionate and capable physician candidates. Having helped excellent students navigate these waters, I am dumbfounded when they are not recruited despite our physician shortage.

Programs to improve physician access, such as CalHealthCares a California loan repayment program, alleviates loan burden to help physicians root down in underserved areas.

The persistent shortage of Latino physicians underscores the need for change and opportunities for actions Congress can take:

1. **Expand Funding for Pathway Programs and New Medical School Programs.** We can increase the minority physician workforce by recognizing and valuing the lived experiences of Latino identified individuals through pathway programs that start at community colleges, early exposures to medicine, and advocate for holistic medical school admissions. We need a Bilingual and Bicultural Medical School anchored in a Hispanic Serving Institution partnered with local hospitals. We can start with regional satellites of medical schools in predominantly Latino areas of California.
2. **Not Ignore Language.** Language proficiency by physicians is a proven strategy for improving patient outcomes demonstrated by the UCLA Latino Policy & Politics Institute, as research has shown that concordant language enhances compliance with treatment plans and medication adherence.
3. **Mandating Medical Schools to Value Bilingual Skills and Community College Background.** By tying medical school funding and NIH grants to admission practices that prioritize these elements. This will drive medical schools to align more closely with underserved areas. For example, the University of California could be mandated to recruit, accept, and retain these qualified students for the betterment of severely underserved areas.
4. **Funding Loan Repayment Programs.** Including the National Health Service Corp, is essential to attract and retain physicians in underserved areas, ensuring equitable healthcare access.

We can no longer allow the status quo from our medical schools, as the Latino population increases. We must confront this public health crisis head-on.

"Necesitamos más!" We need more.

Thank you.

Michael Galvez, M.D.

National Latino Physician Day

Madera, California