Preface

In his 2009 novel *Cutting for Stone*, Abraham Verghese tells the story of Marion Stone, an Ethiopian medical student who came to New York City to pursue residency training as a surgeon at Our Lady of Perpetual Succour, a community hospital in the Bronx. One evening it dawned on Marion that only foreign doctors worked at Our Lady. His naïveté provoked laughter from his colleagues. Marion's chief resident gently explained:

> "See here," he said, taking a saltshaker and pepper shaker and putting them side by side. "This pepper shaker is *our* kind of hospital. . . . Let's call it an Ellis Island hospital. Such hospitals are always in places where the poor live. The neighborhood is dangerous. Typically such hospitals are *not* part of a medical school. Got it? Now take this saltshaker. This is a Mayflower hospital, a flagship hospital, the teaching hospital for a big medical school. All the medical students and interns are in super white coats with badges that say SUPER MAYFLOWER DOCTOR. Even if they take care of the poor, it's honorable, like being in the Peace Corps, you know? Every American medical student dreams of an internship in a Mayflower hospital. Their worst nightmare is coming to an Ellis Island hospital. Here's the problem—who is going to work in hospitals like ours when there is a bad neighborhood, no medical school, no prestige? . . . Where do you get your interns to fill all these new positions? There are many more internship positions available than there are graduating American medical students. American students have their pick, and let me tell you, they don't want to come and be interns here. Not when they can go to a Mayflower hospital. So every year, Our Lady and all the Ellis Island hospitals look for foreign interns. You are one of hundreds who came as part of this annual migration that keeps hospitals like ours going."[1]

This is a book about a real Mayflower hospital and a real Ellis Island hospital. It explores how their trainees came to be so segregated and how that segregation impacted the residents' education and influenced their career trajectories within the medical profession.

I started doing fieldwork at Legacy Community Hospital through a friend who knew someone who worked there. I was initially interested in studying the medical pecking order, particularly the practice of "pimping"—a pedagogical technique that involves putting subordinates on the spot, often in humiliating ways.[2] Very quickly, however, it became apparent that if I wanted to study hierarchy, Legacy was not the place to do it. I was told as much on my very first day at the hospital when a senior resident explained that where he went to medical school, he could not look his attending physician in the eye. But that wasn't the case at Legacy. After two months of fieldwork, I agreed with him; Legacy was a small, friendly place without much in the way of formal teaching, never mind overt hierarchy or pimping. This prompted me to take a step back and ask myself, What made this hospital different from other hospitals? I realized that as a small community hospital, Legacy was on the lower-status end of the broader spectrum of hospitals. Staring at the roster of internal medicine residents, it dawned on me that hardly any of them were graduates of US allopathic medical schools.[3] In fact, every single resident in Legacy's three-year program had graduated from an international or an osteopathic school.[4] Where were all the US-trained MDs?

As early as my first day in the field—when the Legacy resident told me that if I was looking for hierarchy, I should look elsewhere—I began to entertain the idea of a second field site for comparison. But as my focus shifted from internal institutional hierarchy to broader questions about the sorting of residents and professional status, I had to find a field site that could put my findings from Legacy into perspective. During interviews, residents at Legacy often contrasted "IMG- or DO-friendly" programs (what Verghese called "Ellis Island" programs), which were heavily populated by international medical graduates (IMGs) and osteopathic doctors (DOs), with elite "Mayflower" programs dominated by US-trained MDs (USMDs). Harvey, a US citizen who was an international medical graduate (USIMG), put it this way: "[The] more IMG-friendly programs [are the smaller] community hospitals out in the middle of nowhere. But that

makes sense for anything." When I asked him why, he replied: "What do you mean why? Because they are less desirable." He recounted his experience as a medical student rotating in internal medicine (IM): "The program I was at . . . their IM program had a very strong affiliation to [X Medical School], which was a pretty good school in New York, but the thing is, they weren't the *actual* [X Medical School] Hospital IM program, the one based in Manhattan. . . . This was a separate group . . . a satellite hospital that had their own program. It was affiliated with [X Medical School], but that program in Queens where I rotated? That was all foreign grads."

As the dichotomy between "friendly" and "unfriendly" programs became clearer to me, I knew I had to compare my results at Legacy—a friendly program—with those from a more traditional program. Several Legacy residents suggested that I look at Stonewood University Hospital, a local medical center that served as the flagship hospital for a nearby medical school. When I looked up Stonewood's roster of residents, a familiar pattern emerged: the internal medicine program was staffed almost exclusively by USMDs, with only a few exceptions. I took this to be the other half of the puzzle. How did these two programs end up so segregated? How did this segregation affect the trainees' education and career opportunities after graduation? And why would non-USMDs agree to take on positions in less desirable hospitals, as Harvey put it, if they have the same credential (a degree to practice medicine) as USMDs?

To explain how it is that certain hospitals hire only USMDs or non-USMDs, I found it was insufficient to look at the laws or regulations giving USMDs priority for residency because there are none. Instead, I had to look at the unspoken, complex, and sometimes contradictory beliefs and mechanisms that lead to the ordering of US-trained MDs and osteopathic and international medical graduates by their social worth (or status). This is a book about how that ordering works.