For hundreds of immigrants with medical backgrounds, a Colorado program is giving renewed hope they can get back to their life’s work of caring for the sick and injured. COVER STORY, A4
Back to caring

Medically trained in their native countries, these immigrants – many of them refugees – are getting help doing what they do best: caring for people.

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Back expanded to work with professionals in significant numbers. Especially in rural areas, the program is experiencing doctor shortages, medical skills in their new home. Driving taxis instead of using their English classes, offering job-skills training, and matches the refugees and immigrants with local health care employers who need their services.

Without Colorado Welcome Back, which launched in 2010, officials worry these educated newcomers to America could end up working the cash registers at retail stores or doing menial and available work they can find in order to feed their families because the three-part MLEs can take a year of eight hours a day of studying to pass.

Colorado Welcome Back enables newcomers to find others in similar situations and study together. And by connecting them to medical organizations, it also gives them a chance to contribute to a society that needs what they have, Nolan said.

Denver Health, for example, has hired eight people from the program. Six work as patient navigators, guiding hospital users through the system to ensure their care continues.
The road back to being a doctor

Claude Gboro came to the United States from Africa by choice in October 2009. Since then, he’s spent much of his time helping refugees.

Gboro, 37, who was a doctor in the Democratic Republic of the Congo, is working today as a health coordinator at the African Community Center in Denver while studying to qualify for a residency program in the United States. There, he’s working with people fleeing persecution from across the world — including Myanmar, Nepal and Afghanistan — to help them navigate the American health care system and get the care many have lacked for years.

This temporary assignment, which he found through assistance from the Colorado Welcome Back program, isn’t what he was trained to do, and Gboro must stop himself from suggesting treatments to sick clients. But it’s very much in line with the spirit of service that drew him to practice medicine in his impoverished home country.

“In Congo, medicine is more like community health. We don’t have a lot of private practice. Most physicians in Congo work for the government,” he said, adding that he worked at a state-run hospital and at a World Health Organization project. “If you don’t have a vacation in the beginning, you won’t last in medicine in the Congo.”

That spirit first flickered when Gboro was in high school in the Bukavu area of eastern DR Congo — a separate nation from the Republic of the Congo further west on the African continent — where members of his community worked to help people however they could. Refugees from Rwanda streamed across the border in 1994, and he began to think about how he could help people through medicine.

As a Congolese doctor, he was used to seeing large crowds of people that relied on his medical judgment completely. There’s no culture of malpractice lawsuits in the DR Congo.

“I see there’s a lot of distance here between patients and providers. Everybody’s on their guard,” Gboro said. “In my country, when somebody comes to see a doctor, [the patient] is kind of helpless. He feels like, ‘When I come to see a physician, he’s the only one who can help me.'”

Gboro emigrated to the United States in 2009 to try to further his medical education. After living with brothers in Maryland for eight months, he came to Colorado to help a Congolese doctor friend study to become accredited here, and he stayed.

He discovered Colorado Welcome Back 10 years ago via an Iraqi friend and was also studying to become a doctor in America. And through the program, he learned about job opportunities and skill sets he never employed in his home country, such as interview and résumé preparation.

At the African Community Center, Gboro sees people coming from countries where they’ve been living in refugee camps for months, letting chronic conditions such as hypertension and diabetes go untreated. Sometimes they arrive after being treated for diseases rare here — such as tuberculosis or malaria — and need follow-up care to make sure they continue to recover.

Gboro connects them to health care providers and teaches them to make appointments.

“The health care in the United States is really complicated, even for people living here,” he said. “For those people like refugees, it adds a lot of barriers.”

And he’s studying to take the U.S. Medical Licensing Examination, hoping he can get into a residency program for internal medicine, pediatrics or both.

Gboro is married and has two sons. They joined him here in September. Now he hopes to make his permanent home in America but be able to return to DR Congo on humanitarian missions.

“We are in service to the community,” he said.

Claude Gboro, who was a doctor in the Democratic Republic of the Congo, is studying to qualify for a residency program here.

When they leave the building, setting up appointments and explaining follow-up steps — “Cultural competency” of health care providers — the ability to speak to minority or foreign patients in a way they understand and are likely to act upon — has become a big topic in recent years at medical conferences like the Colorado Health Foundation’s annual Colorado Health Symposium.

Studies suggest that minority patients don’t fare well being treated by doctors who don’t speak their language or who don’t understand the cultural factors that may inhibit them from seeking certain kinds of care.

More than at other hospitals in the city, Denver Health patients are often poor, non-English-speaking immigrants. So the presence of internationally trained navigators can help them to more easily understand what they must do to get service and take care of themselves, said Dr. Elizabeth Whiteley, the hospital’s director of community voices and community health grants.

Josue Joseph was the coordinator of a maternity center in Haiti when he married an American woman and emigrated to this country. After discovering the Welcome Back program on the Internet, he moved to Colorado, took English-language classes and now is grateful to work as a patient navigator at Denver Health while he studies for the MLE.

“I’m not using my medical training for this, but it’s helped me a lot — first to understand the system and second to understand the patient,” Joseph said. “That was very helpful to me to understand a very complicated system ... It’s very helpful for every foreign-trained doctor because everything in the U.S. is way, way different.”

Another difference: This is the first time many of the overseas doctors have had to sell themselves to get a job rather than just present their credentials and begin working, often at a government-funded hospital.

Colorado Welcome Back teaches enrollees how to write a résumé, how to speak about their accomplishments (which some foreign cultures discourage) and how to answer job interview questions, especially personality-based queries that no one has asked them before.

It also links them to openings and encourages volunteering — another uncommon request in many foreign professional cultures, said Gurudev Khalsa, Spring institute director of integration studies.

Swabali Joseph came to Erie after practicing as a general physician at a clinic in Chennai, India, because he wanted to study psychiatry in the country that “does more for psychiatry than any I know.” He, too, was living with family and looking for a job while doing his MLE studies, he learned about résumés for the first time and found out that his medical degree was of little use in the interview process.

At Spring Institute, he took job-hunting courses and found a mentor in the field of psychiatry with whom he meets every two to three weeks. He first found an “observorship” by himself, in which he shadow an internist at Rose Medical Center. But Nolan helped him find another observorship he started recently, working directly with a psychiatrist.

“I was looking for jobs as a research assistant or medical assistant, and it was really hard for me to find a job because I didn’t have any references here,” he said. “I didn’t have a résumé because I didn’t need a résumé ... They helped me with how I can interview and how I...
**Second chance for Eritrean refugee**

To get his chance to serve in health care, Samir first needed a special pass from the Eritrean government to go to a funeral in the African country’s border areas.

Once there, he trudged eight hours one night, crossing water and mountains to sneak across the border to Ethiopia.

Then, he spent the next two years at a refugee camp, serving as a nurse’s assistant, teacher and shopkeeper until he got permission to come to the United States.

Now, after 18 months of study, the Aurora resident is taking the test to become a certified nursing assistant.

He asked that his last name not be used, fearing the Eritrean government might persecute his parents and siblings who remain there.

If he passes the test and wins a job up at a local hospital or home-care agency, it will be only the first hurdle cleared en route to becoming a pediatrician.

“I have been through a lot,” said Samir, 25. “But this is the thing that makes me forget some of what I have lived through. I’m here in this country, living my dream.

The Colorado Welcome Back program at Denver’s Spring Institute for Intercultural Learning was designed for people like Samir – refugees with a background in health care who need to begin using their skills again after re-settling in America. Some of those going through the program are longtime doctors and dentists. Samir was a vocational school student taking classes in public health because he wanted to help children, the same way that a doctor in his East African nation had aided him when he was an ill 2-year-old with a mysterious disease.

But as he neared his final year in school during which he would be sent to a military training center and then deployed wherever the government decided – he knew his chance was to escape.

At the refugee camp, he did rounds at the community hospital with physicians, giving immunization shots to infants and cleaning wounds. Patients thanked him profusely, and he knew he wanted to continue in the field.

After a refugee program brought him to Denver – the United States was his choice, but he’d never heard of the Mile High City – Samir began working in a grocery-store warehouse to make money.

But when a refugee-program director told him about Colorado Welcome Back, he eagerly enrolled.

He received a scholarship to the nursing program, and began looking for jobs well before he’d completed classes for his certification. Now, he continues to take prerequisites at the Community College of Aurora to work toward a pre-med degree, and eventually be able to offer more help to sick kids, maybe even in another refugee camp.

He gives Colorado Welcome Back directors enormous credit for his success. He said he doesn’t know how he would have found his way without them.

“They understand what the refugees’ problems are. They understand their experience back home from different countries. And they try to integrate what we have from there,” Samir said. “They were very helpful in everything I did.”

– Ed Seelover

**A GLOBAL COMMUNITY**

Colorado Welcome Back’s participants come from all over the globe. The top four countries of origin currently are:

1. Iraq 35
2. Mexico 34
3. Ethiopia 24
4. Sudan 17

**PROFESSIONAL MIX**

Colorado Welcome Back has 252 current participants. In addition to doctors, dentists and nurses, they include pharmacists, lab techs and other health workers.

- **34%** Medical doctors
- **23%** Nurses
- **37%** Other
- **6%** Dentists

85 participants

59 participants

94 participants

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