

MEDICAL MIGRATION FROM THE
"GLOBAL SOUTH" TO THE U.S. SOUTH:
TAMPA BAY'S INTERNATIONAL
HEALTH WORKFORCE

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Presenter Disclosures

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(1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:


No relationships to disclose.

Purpose

- To understand the migration experiences of health workers in order to inform more effective policies and strategies that protect the public's health while protecting rights of health professionals.

What is Medical Migration?

The phenomenon of the movement of health professionals from less-developed countries to more-developed countries.

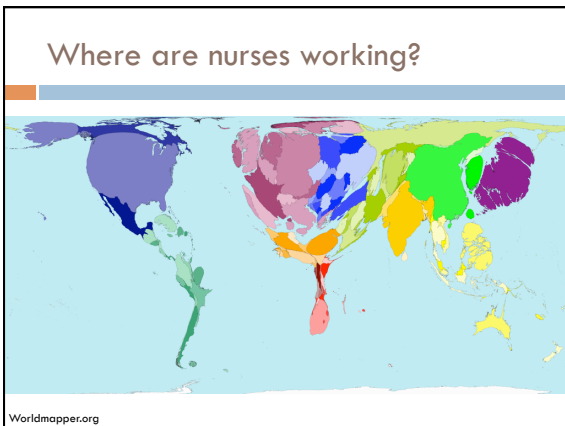
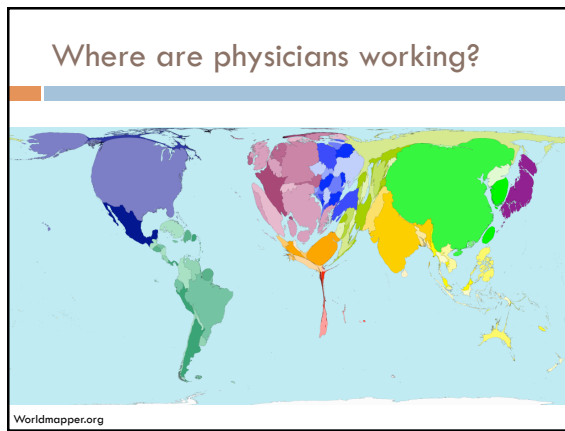
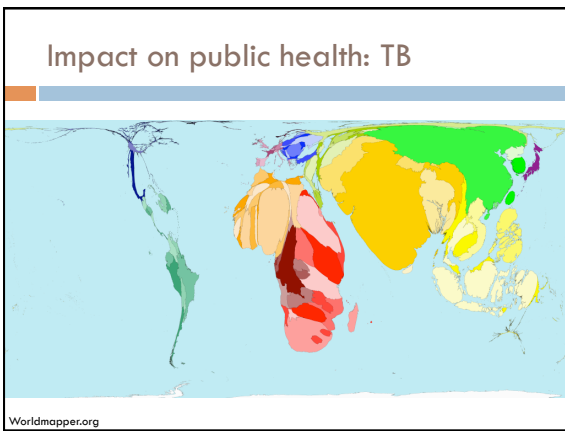
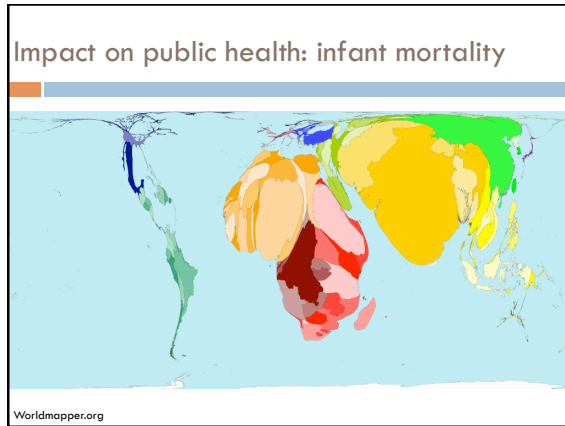
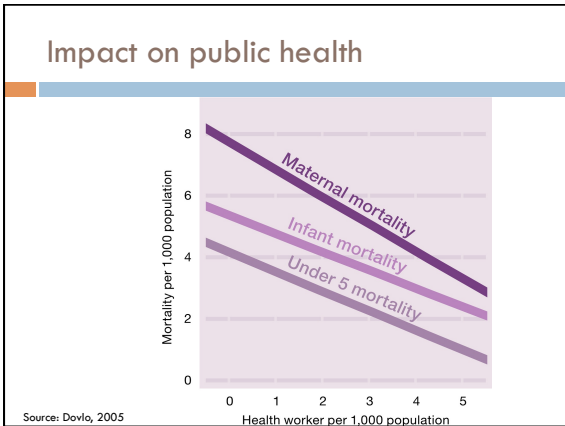


Leaving less-developed countries

- Ghana: over 60% of all doctors trained locally in the 1980s had emigrated by 1999 (Ahmad 2005)
- Philippines: 85% of nurses trained there are working abroad (Aiken, et al. 2004)
- Jamaica: vacancy rate for nurses = 58% (Hewitt 2004)
- Sub-Saharan Africa has (WHO 2006):
 - 11% of world's population
 - 24% of global disease
 - 3% of world's health workers

Going to more-developed countries

- IMGs compose 24% to 28% of physicians in U.S., U.K., Canada, & Australia (Mullan 2005)
- 13,000 Pakistani medical graduates work in U.S., U.K., Canada, & Australia (Mullan 2005)
- > 25% of nurses and aides working in major cities in the U.S. are foreign born (Redfoot & Houser 2005)
- Approximately 80% of nurses immigrating to the U.S. are from developing countries (Elgado-Lorenzo 2005)



Why do they migrate?

"Push" Factors	"Pull" Factors
Low wages	Higher wages
Limited career opportunities	Access to professional development opportunities
Poor/dangerous work conditions	Good/safe work conditions
Lack of supplies/outdated equipment & technology	Access to resources, technology
Political instability or persecution; civil unrest	High demand for health professionals in developed countries

Policy Proposals

	Sending Country		Receiving Country	
	PUSH		PULL	
Prevent Causes of Medical Migration	<i>Incentives:</i> improve salary, conditions	<i>Restrictions:</i> various forms of bonding and visa restrictions	<i>Internal:</i> Ban or control recruitment, train more medical workers	<i>External:</i> targeted aid, prevent 'stove-piping' of aid
Manage Effects of Medical Migration	<i>Health Worker:</i> repayment of education expenses, bilateral tax	<i>PH System:</i> utilize 'lay' or 'community' healthcare workers, PIH model	<i>Internal:</i> visa policies, encourage return migration	<i>External:</i> Bhagwati tax, other forms of compensation

The Sample

Demographic Data of Sample			
	Nurse	Doctor	Total
Number	17	25	42
Gender			
Male	0	17	17
Female	17	8	25
Average Age	47 (31-75)	50 (27-71)	49
Average # Years in US	18.7 (1-36)	20.4 (1-46)	19.7

Demographic Data of Sample

	Nurse	Doctor	Total
Visa to US			
Student/F1/J1	1	20	21
Work/H1/H4	13	3	16
Other (perm, tourist, asylum)	3	2	5
Current Status			
Citizen	13	16	29
Non-citizen	4	9	13
Income			
\$0 (b/c unemployed)	0	2	2
\$20k - 40k	3	0	3
>40k, < 70k	4	0	4
>70k, <100k	8	2	10
>100k	2	21	23

	Nurses	Doctors
Philippines	10	2
India	3	2
Jamaica	2	2
Argentina	0	1
Bulgaria	1	1
Belize	1	0
Columbia	0	1
Croatia	0	1
Ecuador	0	3
Egypt	0	1
Guatemala	0	1
Iraq	0	1
Korea	0	1
Lebanon	0	1
Pakistan	0	2
Peru	0	2
Venezuela	0	3
TOTAL	17	25

Reasons for Migrating to U.S.

Reasons	Nurses n=17	Doctors n=25
Professional (educational opportunities, advanced training or specialization)	5 (33%)	20 (80%)
Social (influence of family, friends; marriage, opportunities for children)	5 (33%)	5 (20%)
Economic (better wages, working conditions, lifestyle)	17 (100%)	5 (20%)
Political (political instability, war, corruption)	0 (0%)	8 (32%)

Reasons for Migrating

Nurse—Economic Reasons:

"The pay there is very low. If you are a nurse, you cannot survive...you have to stay with your parents, because you cannot afford to pay to live on your own."

"I went to nursing school pretty much thinking that I was going to migrate, because I have seen the impact of the financial gain that my older sister had when she came to the United States."

Doctor—Professional Reasons:

"There were some limitations as to what you could do--technological limitations, access to information. I really wanted to see a more advanced medicine, and to have more access to all the information reserves and technology and all of that."

"I came here looking for additional academic training, because we don't typically do a lot by way of research [in my country]."

Reasons for Staying in the U.S.

Reasons	Nurses n=17	Doctors n=25
Professional (to maintain or enhance career)	7 (41%)	17 (68%)
Social (influence of family, friends; marriage, opportunities for children)	13 (76%)	17 (68%)
Economic (better wages, working conditions, adapted to lifestyle)	15 (88%)	6 (24%)
Political (political instability, war, corruption)	2 (8%)	8 (32%)

Reasons for Staying

Nurse:
 "My kids were born here, and they have adapted to the American life here and they are Americans.... So we are thinking they will have to make a lot of big adjustments if we move back there.... There is big, big opportunity here, a big difference from [my country]."

Doctor:
 "Once we explored opportunities back home, it became more obvious that I think we have gotten used to the U.S. lifestyle. Overall, between the political situation, safety issues, etc., and education of the children, certainly the U.S. offers greater opportunities."

Remittances

	Nurses	Doctors
Money	8 (47%)	8 (32%)
Material goods	8 (47%)	2 (8%)
Services (lectures, trainings)	1 (1%)	2 (8%)
Nothing	2 (11%)	15 (60%)

"Yes, [I sent money back regularly] to my sister... because I had to give her tuition fee; I had to give her a monthly allowance."
-Nurse

"Fortunately, my parents were comfortable enough and independent in their own ways, we have never had to really send anything...not that we had much to send!" -Doctor

Pull to the U.S. South?

Foreign as % of total workforce by occupation (number working)				
	Doctors		Nurses	
U.S.	25.3%	(228,665)	3.7%	(89,860)
Florida	36.0%	(18,861)	5.6%	(9,627)

Sources: FHA, 2001; HRSA, 2004

- ### In Tampa Bay...
- Most doctors and nurses first came to other locations in the US, then moved to Tampa later (about 7 came directly to Tampa)
 - Doctors: professional opportunities
 - Nurses: established social networks

Coming to Tampa

Nurse:
 "...we have some relatives here in Florida, and my husband and my mom wanted warmer weather, so we decided to come here to Florida."

Doctor:
 "For those of us who came in as professionals who are seeking an education, for us it was more a question of where we got accepted."

"Eventually, I think there is certainly a tendency to move to warmer climates, and I think by and large you will find more people living in warmer climates." -Doctor

Perceived impact

- Little direct impact,
 - because their country graduates more nurses or doctors than there are positions:

"Some of the nurses don't have jobs. They work as volunteers before coming here because there are no more jobs." -Nurse

"The infrastructure in [my country] cannot support all of the medical graduates, so some have to leave." -Doctor

- because many stay, and some of those who leave go back:

"I think they maintain the quality there because not everybody [left] ..., there are good ones that stayed behind, and there are also nurses that came back." -Nurse

"There are so many medical graduates, so migration is not a huge problem." -Doctor

"Many people get their qualifications and the training and go back." -Doctor

Perceived impact, con't

- The primary impact they mention is quality:

"...as soon as you train somebody, they leave for abroad, so then you always have a fresh supply of inexperienced nurses." -Nurse

"In some ways it is the more qualified, the more competent, who tend to make it out of the country." -Doctor

Implications

- Different policy strategies for doctors and nurses?
 - Nurses migrate for economic reasons
 - Doctors migrate for educational opportunities
- Reasons for leaving vs. reasons for staying
 - Suggests that we might look beyond push/pull factors to address temporary vs. permanent migration
- Importance of Remittances?
 - Nurses send money back more often than doctors

Continuing Analysis

1. Placing individual experiences into political-economic context (on both ends)
2. Understanding the cultural context, including professional/occupational culture
3. Exploring sending and receiving country relationships
4. Examining existing policies in light of our findings
5. Comparing interviews with health professionals who have migrated to those who remain in home countries

Limitations

- Small sample size, not generalizable
- Geographic representation:
 - A majority of the nurses were from one country (10 of 17 from the Philippines), while the 25 doctors were from 16 different countries
 - No health professionals from Africa (except Egypt)
- Most of the doctors were doing academic work in some capacity (only 5 of 25 worked in private practice)

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Thank You!

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