

September 8, 2009

President Barack Obama
The White House
1600 Pennsylvania Ave NW
Washington, DC 20500

The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
H-232 The Capitol
Washington, DC 20515

The Honorable John Boehner
Minority Leader
U.S. House of Representatives
H-204 The Capitol
Washington, DC 20515

The Honorable Harry Reid
Majority Leader
U.S. Senate
S-221 The Capitol
Washington, DC 20510

The Honorable Mitch McConnell
Minority Leader
U.S. Senate
S-230 The Capitol
Washington, DC 20510

RE: Addressing global health workforce issues in the US health reform efforts

From the undersigned public health practitioners and leaders

As members of the global public health community, we are concerned that certain aspects of domestic health reform have significant potential to worsen international health outcomes if they fail to account for President Obama's view of an interconnected world.ⁱ In particular, how we go about meeting the growing demand for care in the United States, especially the need for more nurses and primary care physicians, risks exacerbating already severe international health workforce shortages. In many countries, these shortages have reached crisis level, stalling progress on the Millennium Development Goals and creating obstacles to the success of U.S. investments to improve global health.

Yet legislation now being considered in Congress offers to grow the health workforce in the United States by attracting health professionals from abroad, with most likely to come from low and lower-middle income countries, without regard for the harmful health impact such recruitment has on countries with far more dire shortages of health workers than our own.ⁱⁱ We sincerely appreciate the considerable contributions that foreign-trained health professionals make to health care in the United States, and recognize the many reasons they choose to migrate. But we reject, and we urge Congress to reject, current and future bills that augment the U.S. health workforce without consideration for the losses to developing countries of the health workers they have trained – often subsidized with their own scarce funding – and the deleterious health consequences.

These pieces of legislation include S. 973, the Resident Physician Shortage Reduction Act of 2009, and HR 2536, the Emergency Nursing Supply Relief Act. S. 973 would increase Medicare funding to create 15,000 new medical doctor residency positions. HR 2536 could increase the number of foreign-trained nurses in the U.S. by up to 60,000 new practitioners. Other bills with similar intent have also been introduced, and more may be introduced as the session continues

While the United States enjoys workforce ratios of 8 nurses and 3 doctors for every 1,000 Americans, in Ghana more than 10,000 people have to share a single doctor, and India has less than one nurse for every 1,000 people. Washington, DC, with a population of fewer than 600,000 people, has about twice as many physicians as do the more than 80 million residents of Ethiopia.

Along with the obstacles these shortages create to countries' efforts to reduce maternal mortality and fight diseases such as HIV/AIDS and tuberculosis, as the H1N1 pandemic has shown once again, a compromised health system anywhere is a compromised health system everywhere.

NURSES. We support the domestic training provisions of the Nursing Supply Relief Act, and its provisions to enable foreign-born health workers in the United States to temporarily provide their services in developing countries without impairing their U.S. naturalization process. However, the creation of new immigrant visa numbers (20,000 each year for three years) will only serve to further exacerbate the far more serious nursing shortages in the countries where many of the prospective immigrant nurses currently live. The U.S. nurse workforce now includes 400,000 nurses who were trained abroad (more than 16% of the total U.S. nurse workforce), up from 9 percent in 1994. In 2008 alone, the number of foreign-born full time equivalent registered nurses increased by a record 48,000.ⁱⁱⁱ

PHYSICIANS. One in four U.S. physicians has been trained abroad, or almost 200,000 doctors. Of these physicians, 60% were trained in a low or lower-middle income country. Thousands more foreign-trained doctors are working in the United States in positions that do not require medical licensure.^{iv} Nearly 6,000 physicians trained abroad come to the U.S. each year to train in residency positions, usually with the intent to stay. By creating 15,000 new positions through S. 973, we will generate an initial 40% increase in the number of foreign-trained medical residents. That is equivalent to taking all the graduates of 24 medical schools from around the world.^v Similar to the Nursing Supply Relief Act, the Resident Physician Shortage Reduction Act fails to address or even account for its significant potential to hinder global health efforts.

While Americans will continue to demand increasing amounts of health care, and we hope that health care reform will allow currently uninsured and underinsured Americans to obtain the care they need, we encourage lawmakers to establish provisions for training the required number of health workers in U.S. training schools, rather than creating dynamics that will inevitably draw many health workers away from their own communities, where they are so desperately needed. These measures include increased funding for loan repayment and scholarship programs for nursing students who serve in facilities in greatest need and who agree to become nursing faculty, for grants to support nurse retention, and for other elements in the Nurse Reinvestment Act of 2002. To address physician needs in the United States, Congress should expand the National Health Service Corps, give preference to funding medical residency slots focused on primary care, and take other measures to incentivize medical students to become primary care physicians and to serve where they are most needed.

There are several Codes of Conduct that encourage nations to be "self sufficient" in their production of health workers, and some nations, such as Norway and the United Kingdom, have made a commitment to work towards this goal. Norway and the U.K. have also chosen to abide by ethical recruitment practices when recruitment remains necessary. The European Union Commission has recognized the harm caused in developing countries by the "increased demand and competition for medical and nursing staff across the developed world."^{vi} The EU Commission has stressed the need for EU Members to produce sufficient numbers of its own health workers, to develop and abide by a Code of Conduct for the ethical recruitment of non-EU health workers, and to actively take steps to minimize the negative impacts from their immigration. The American Public Health Association has also adopted a policy opposing the aggressive recruitment of health professionals from abroad.^{vii}

We urge all members of Congress to refrain from passing legislation that creates new incentives for health workers to relocate from their own home communities abroad, where they are most needed. Instead, lawmakers should adopt policies that create training opportunities for young Americans seeking to enter the health professions through training in U.S. colleges and universities, while

supporting countries with serious health worker shortages produce and retain the health workers that they so urgently require.

Organizations:

ACT UP Philadelphia

African Services Committee

American Medical Student Association

The following sections of the American Public Health Association: Medical Care, International Health, Occupational Health, Public Health Nursing, Health Administration, LGBT Caucus of Public Health Professionals

Association of Nurses in AIDS Care

Center for Health Policy and Innovation

Community HIV/AIDS Mobilization Project (CHAMP)

Empower India

Global AIDS Alliance

Health Alliance International

Health GAP

International Association of Physicians in AIDS Care

International Federation of Health and Human Rights Organisations

National Empowerment Network of people living with HIV/AIDS in Kenya (NEPHAK)

Pangaea Global AIDS Foundation

Partners In Health

Physicians for Human Rights

Proyecto SOL Filadelfia

Treatment Action Group

Verpleegkundigen & Verzorgenden Nederland (Dutch Nursing Association)

Vermont Global Health Coalition

Voluntary Services Overseas

Wemos Foundation

Youth Intercommunity Network, Kenya

Individuals:

Laura C. Altobelli, Peru Country Director, Future Generations

Brook K. Baker, Health GAP, Northeastern U. School of Law, Program on Human Rights and the Global Economy

Scott Barnhart, MD, MPH

Gail R. Bellamy, Ph.D., Chair, Medical Care Section, American Public Health Association (APHA)

Wendi Losha Bernadette, Co-founder, President, ACTWID Kongadzem AIDS/Rights Non-Governmental Organization, Cameroon

Stephen Bezruchka MD, MPH, Departments of Health Services & Global Health University of Washington School of Public Health

F.J.J. Bolle, Verpleegkundigen & Verzorgenden Nederland (Dutch Nursing Association)

Ruairi Brugha MB MD MSc, Prof., Chair Department of Epidemiology and Public Health Medicine, Royal College of Surgeons in Ireland

Monica M. Burns, International Health Consultant, Ireland

Jarl Chabot, MD, MPH

Diana Chamrad, PhD., Clinical Psychologist
 Lincoln Chen, MD, MPH, President, China Medical Board
 Jennifer Cohn, MD, Director, Global Health Equities Residency Track, DOM
 Chris Curry, MD, PhD, Resident in Obstetrics and Gynecology, Boston Medical Center
 William Daniell, MD, MPH, Associate Professor, Department of Environmental & Occupational Health Sciences, University of Washington School of Public Health
 Julie Davids, Senior Consultant, Community HIV/AIDS Mobilization Project (CHAMP)
 Linda C. Degutis, Dr.PH, MSN, Immediate Past President, APHA
 Delanyo Dovlo, MD
 Emily deRiel, MPH, Program Manager, Communications and Policy, Health Alliance International
 René P. Dubbeldam, MD. MPH (LSHTM), Consultant in International Health, The Netherlands
 David Egilman MD, Clinical Associate Prof., Department of Family Medicine, Brown University
 Adriaan van Es, MD, The Netherlands
 Oliver Fein, M.D., Professor of Clinical Medicine and Public Health, Weill Cornell Medical College and President of Physicians for a National Health Program (PNHP)
 June M. Fisher, MD, Director, TDICT Project, Trauma Foundation, San Francisco General Hospital
 Eric Friedman, JD, Senior Global Health Policy Advisor, Physicians for Human Rights
 Angie Fujioka, CNM, ARNP, Women's Healthcare Associates
 Laurie Garrett, Senior Fellow for Global Health, Council on Foreign Relations
 Stephen Gloyd, MD, MPH, Professor of Health Services and Global Health, University of Washington
 Marco Gomes, Ph.D., Center for Health Policy and Innovation
 Robert Gould, MD, American Public Health Association Peace Caucus Chair (for identification purposes only)
 S. Ryan Greysen, MD, MA, Robert Wood Johnson Clinical Scholar, Yale University School of Medicine
 Amy Hagopian, PhD, Senior Health Workforce Advisor, Department of Global Health, University of Washington
 Tenagne Haile-Mariam, MD, Assistant Professor, Emergency Medicine, The George Washington University
 Aja Hardy MBA, MPH/IHSM, Chair, Health Administration Section, American Public Health Association; also Sales Executive, Cerner Corporation
 David Harrison, MD
 Patrick M. High, Dr. P.H., Chair, LGBT Caucus of Public Health Professionals, APHA
 Bryan Pearson, Editor, Africa Health Journal
 Maggie Huff-Rousselle, President, Social Sectors Development Strategies
 Erin Kate Hurley, MPHc, Public Health Student, University of Washington
 Wendy Johnson, MD, MPH, Director of Policy & Advocacy, Health Alliance International
 Aaron Katz, Principal Lecturer of Health Services and Global Health (adjunct), University of Washington
 Beth Lamanna, Chair, Public Health Nursing Section, APHA
 Isabella I. Mbai, Lecturer, Head of Department of Nursing Sciences, Moi University, Kenya
 Wilma Meeus, MD, MPH - Consultant Health Systems Development / HRH
 Genevieve Meyer, MA, MSW, HIV Vaccine Trials Network
 Joyce Millen, PhD, MPH, Professor of Medical Anthropology and Global Health
 Celeste Monforton, MPH, DrPH, Chair, Occupational Health Section, APHA
 Fitzhugh Mullan, MD, Murdock Head Professor of Medicine and Health Policy at The George Washington University
 Wayne Myers MD, Trustee, Appalachian Regional Healthcare Inc
 Ben Neufeld, MA, MBA, Retired Public Health Advisor, USPHS
 Raphael Wanjaria Njararui, National Coordinator, Youth Intercommunity Network, Kenya

Cliff O'Callahan, MD, PhD, FAAP, Chair, AAP Section on International Child Health
Neil Pakenham-Walsh MB, BS, Coordinator, Healthcare Information for All by 2015, Co-director, Global Healthcare Information Network
Jirair Ratevosian, MPH, Chair, Policy & Advocacy Committee, American Public Health Association's International Health Section
Nicola Ruck, Health Human Resources Consultant, Pantlludw
A. Sankar, Executive Director, Empower India
Julia Scholten, Project Officer Central and Western Africa, Sector Health and Well-being, Netherlands
Ellen R. Shaffer, PhD MPH, Co-Director, Center for Policy Analysis on Trade and Health
Jeremy Shuman, MPH, CEBT, CPH, Director, Global Programs, SightLife
Chrispin Siang'ombwa, Community Outreach Officer, Community Initiative for TB, HIV/AIDS and Malaria, Zambia.
James P. Stansbury, PhD, MPH, American Public Health Association's International Health Section
Curtiss Swezy, DrPH
Tim K. Takaro, MD, MPH, MS, Associate Professor, Acting Associate Dean for Research, Faculty of Health Sciences, Simon Fraser University
Anke Tijtsma, Project Coordinator Human Resources for Health, Wemos Foundation
Walter Tsou, MD, MPH, former Health Commissioner, Philadelphia, and former President, APHA
Jurrien Toonen, MD, MSc, Senior Consultant, Health System Development/ Développement de Systèmes de Santé, Ghana
Elizabeth Wiley, JD, MPH, Medical Student, George Washington University School of Medicine
Jose M. Zuniga, PhD, President/CEO, International Association of Physicians in AIDS Care
Prisca Zwanikken MD, MScCH, Program Director MPH and MIH, Royal Tropical Institute, Amsterdam

REFERENCES

ⁱ From text of President Obama's speech in Accra, Ghana, July 10, 2009: "Yet because of incentives — often provided by donor nations — many African doctors and nurses understandably go overseas This creates gaps in primary care and basic prevention."

ⁱⁱ Please see memo of June 15, 2009, to President Obama from the Health Worker Migration Global Policy Advisory Council, which offers five strategic actions to improve the situation of human resources for health in developing countries. Available at:

http://www.realizingrights.org/pdf/Memo_to_President_Obama_June09.pdf.

ⁱⁱⁱ Peter I Buerhaus. Health Affairs, June 12, 2009.

^{iv} Hagopian, Human Resources for Health 2004, 2:17

^v Mullan and Wiley, "Beware the Siren Song of New GME: Graduate Medical Education and Health Reform", Health Affairs blog, June 15, 2009.

^{vi} Please see Commission of the European Communities Green Paper On the European Workforce for Health, December 2008. Available at:

http://ec.europa.eu/health/ph_systems/docs/workforce_gp_en.pdf

^{vii} Ethical Restrictions on International Recruitment of Health Professionals to the United States, Nov. 8, 2006, Policy Number: 200616.