

Where are the Foreign Nurses?

September 9, 2008

By Carl Shusterman

Any topic involving immigration is sure to spark a debate these days – including the topic of foreign-trained nurses.

Do foreign-trained nurses depress the wages of U.S. nurses? Since the U.S. Department of Health and Human Services reports that less than four percent of all nurses in the U.S. are foreign trained, it is hard to imagine their presence would have much effect on wages one way or another. Indeed, annual RN wages climbed 14% from 2000 to 2004, from an average of \$46,782 to \$57,755 according to HHS, and most indicators suggest that wages have continued to rise since then.

Do foreign-trained nurses displace U.S. nurses? Given a national hospital nurse vacancy rate of over 8%, as reported by the American Hospital Association, that doesn't seem likely. And, given projections that the U.S. will be anywhere from 340,000 to one million nurses short by the year 2020, it seems improbable that foreign nurses will displace U.S. nurses any time in the near future.

What about the "brain-drain?" By recruiting foreign trained nurses, are we undercutting medical services in countries where the need for medical professionals is even more pronounced than it is here? This question calls for a more nuanced discussion than the previous two. There are over 100,000 foreign-trained nurses practicing in the U.S., according to the U.S. Department of Health and Human Services' 2004 National Sample Survey of Registered Nurses. Of these, 50% were educated in the Philippines, 20% were educated in Canada, and a much smaller percent were educated in a variety of other countries (For example, 2.3% were educated in Nigeria.)

In recent years, the Philippines and India have generated the most nurses who have passed the various tests needed to become eligible to work in the U.S. Both these countries train nurses for export and it could be argued that remittances sent home by Filipino and Indian nurses are a net benefit to their countries. This argument may be less persuasive for other countries, particularly those in sub-Saharan Africa, yet even here it is difficult to keep workers from migrating in a global economy if they wish to do so.

Immigration stalemate

While interesting, these questions are largely hypothetical since the immigration prospects of foreign nurses are currently in limbo, and the supply of foreign nurses gaining work status in the U.S. has slowed to a trickle. Due to annual quotas that are consistently exceeded, a skilled foreign worker today can wait two to five years before qualifying for a green card. Some foreign professionals can gain entry to the U.S. on temporary H-1B visas, though the annual quota of these employment-based visas now is exhausted on the very first day applicants can file for them.

However, unlike professors, computer specialists, and even fashion models, foreign nurses are generally ineligible for H-1B visas. Nurses from Canada and Mexico may enter the U.S. on temporary Trade NAFTA (TN) visas, while the highly restrictive H-1C visa is next to useless as less than ten hospitals in the country can use it to employ foreign nurses.

Congress recognized the problem in 2005 when it "re-captured" 50,000 extra green cards that were going unused under the quota system and allocated them to foreign nurses, therapists and their family members. These visas were quickly snapped up and now nurses must wait two to five years to work in the U.S. thanks to the long backlogs for employment based green cards. As a result, hospitals and other employers around the country are

largely stymied in their efforts to supplement their staffs with foreign trained RNs.

Legislative remedies

Since 2005, several bills have been introduced to Congress to address this impasse. One such bill proposed to “recapture” 61,000 green cards going unused under the current quota system and allocate them to nurses and therapists, as was done in 2005. Other bills have proposed to eliminate quotas for nurses or to create a separate temporary work visa for nurses such as existed prior to 1995.

Unfortunately, these remedies have been caught up in the larger context of national immigration reform. Pro-immigration reformers who are looking to broaden immigration benefits are reluctant to let Congress address the issue of nurse immigration on an ad hoc basis. They believe a broad immigration reform bill is more likely to pass if it includes measures with strong bi-partisan support, such as more visas for nurses and other medical workers. If the nurse visa issue is addressed separately, they believe the chances of comprehensive immigration reform bill passing will diminish.

Those who oppose immigration also are against passing a separate bill for nurses or other workers. They believe that opening the door to one group of immigrants – even health care workers for whom there is an acute need – could open the door to broader-based immigration reform.

The result is that nurse immigration is locked in a dead calm, waiting for some sort of political wind to push it forward. This is hardly the ideal way to craft immigration policy, or to ensure that the U.S. has the supply of nurses and other clinical professionals it needs. However, it is the position in which we find ourselves -- not just in regard to immigration but in regard to many of the other issues facing the country today.

Carl Shusterman is principal of The Law Offices of Carl Shusterman, a Los Angeles firm specializing in immigration law. He can be reached at carl@shusterman.com.