



A Managed Temporary Movement Program for Nurses from the Caribbean to Canada: The Short (but Interesting) Life of a Policy Advocacy Proposal

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EXECUTIVE SUMMARY

The demand for health care services worker by wealthy countries with aging populations has contributed to a development paradox in which individual workers leaving developing countries for work abroad are often economically better off, but their countries of origin suffer negative economic and social effects as a result, *a.k.a.* 'brain drain.' While the problem is widely recognized, there is a shortage of feasible proposals that might be implemented to help to mitigate against brain drain in developing countries while also accommodating international labour market demand and an individual worker's right to economic self-determination. This paper summarizes the attempt to build such a program for Caribbean nurses coming to Canada. While the resulting program remains in the ether, the process brought to light some important lessons about economic migration from developing to developed countries by highly skilled workers. The problem is a complicated one that is resistant to single-level interventions or off-the-shelf solutions and, in order to meet the changing demands of the global labour economy, what is required is a fundamental re-assessment of migration policy frameworks and the assumptions that support them.

RESUMEN

La demanda de trabajadores de salud de los países ricos con poblaciones que están envejeciendo ha contribuido a una paradoja del desarrollo, en la cual los trabajadores que, a nivel individual, dejan países en desarrollo para trabajar fuera ven su situación económica mejorar, mientras sus países de origen sufren por ello efectos sociales y económicos negativos, *i.e.* "la fuga de cerebros." Si bien el problema se encuentra ampliamente reconocido, existe una escasez de propuestas factibles que podrían ser instrumentadas para ayudar a mitigar los efectos de la fuga de cerebros en los países en desarrollo, acomodando simultáneamente las demandas del mercado laboral internacional y el derecho a la autodeterminación económica de los trabajadores en lo individual. Este trabajo resume el intento de construir un programa de estas características para enfermeras y enfermeros de El Caribe que vienen a Canadá. Si bien el programa resultante no ha sido puesto en marcha, el proceso trajo a la luz lecciones importantes acerca de la migración económica de trabajadores altamente calificados de países en desarrollo a países desarrollados. El problema es complejo y no se presta para intervenciones a un sólo nivel ni para soluciones prefabricadas. Para hacer frente a las necesidades cambiantes de la economía laboral global lo que se necesita es una reevaluación

fundamental de los marcos de política migratoria, así como los supuestos en los que éstos se apoyan.

RÉSUMÉ

La demande pour des travailleurs en services de soins de santé par les pays riches aux prises avec une population vieillissante a créé un paradoxe en termes de développement du fait que des travailleurs autonomes, qui quittent les pays en voie de développement pour travailler à l'étranger, améliorent souvent leur situation économique, mais laisse leur pays d'origine dans une position économique et sociale précaire par suite de ce qui est appelé «l'exode des cerveaux». Bien que ce problème soit largement reconnu, il existe bien peu de propositions réalistes susceptibles d'être mises en œuvre pour aider à limiter ce drainage des compétences dans les pays en développement tout en satisfaisant à la demande internationale du marché du travail et au droit particulier des travailleurs à leur autodétermination économique. Le présent document résume les tentatives faites en vue d'élaborer un tel programme destiné aux infirmiers et infirmières des Caraïbes venant au Canada. Si le programme qui en a découlé demeure inutilisé, d'importantes leçons ont été tirées de ce processus en ce qui concerne la migration économique de travailleurs hautement qualifiés des pays en voie de développement vers les pays développés. Il s'agit d'un problème complexe qui exige davantage que des interventions à palier unique ou des solutions toutes faites et, afin de répondre aux demandes en constante évolution de l'économie mondiale en matière d'emploi, il faut réévaluer essentiellement le cadre des politiques de migration et les hypothèses à l'appui.

INTRODUCTION

Thomas Friedman's *The World is Flat* has launched imaginary flights of fancy with tales of workers in Bangalore who provide 24-hour service to customers in Minnesota, but this reality does not always hold true for personal services workers. Thus, the promise of globalization to allow the knowledge worker of the 21st century to sit on a beach in Barbados while sending work product to Toronto by satellite is not a feasible reality for all. Globalization may allow some to work where they want but for many in the developing world, it also means they *cannot* work where they live and, even if they could, the pressures to move abroad to earn more are often overwhelming.

Some of the transformation of the nature of work is related to the effect of globalization on reducing barriers to labour mobility, which in turn provides workers with more opportunities to leave home to seek their economic fortunes elsewhere. Globalization is also characterized by reduced barriers to

the movement of goods, services and capital as well as improved communications and transportation technology. This has created more efficient production chains, however, efficiency improvements have been accompanied by labour market disruptions as jobs re-locate to more efficient, lower-cost locations.

For many developing countries, the pace at which old advantages are lost is out of step with the rate at which new opportunities are created. Loss of market protection has depleted the pool of available employment in traditional sectors and those workers who have garnered skills sought after in the service and knowledge economies are taking them to higher wage countries. For citizens of less developed countries, there are few incentives to keep one's talents at home and attempt to build a critical mass of domestic productive infrastructure. This depletion of opportunities in developing countries, coexistent with increasing opportunities abroad—also known as brain drain—is as difficult to reverse as a river's current or the magnetic poles of attraction.

The market forces of globalization are pushing hard in the direction of international labour mobility. Policy measures that push in the opposite direction, such as the proposed US wall to keep out Mexicans, seem protectionist and xenophobic. Similarly, any restrictions on emigration that might be imposed on developing countries run the risk of depleting the remittance revenues upon which more and more countries depend, not to mention the human rights implications of a citizen's right to economic-self-determination, even if that is exercised outside national borders. The Philippines' aggressive promotion of its workers for overseas employment and its apparent success in these efforts raises some troubling questions for developing countries: Is exporting your own people the key to economic development? If so, what is the cost to families, cultures and societies?

For both developing (source) and developed (destination) countries there is a need for governmental attention, analysis, and action with respect to what is desirable and what is possible in the managed movement of workers in the short and longer-term. In particular, there is a growing urgency to incorporate pro-development considerations into managed migration while minimizing the negative impacts on the source countries. This paper outlines one such attempt at policy analysis and design and discusses the lessons learned about the character of brain drain, the sort of interventions that might be effective and the challenges of proactive policy advocacy.

THE PROJECT

In 2004, the Centre for Trade Policy and Law at Carleton University agreed to coordinate the work of an international team

to study the nature, effects and future prospects of nurse migration from the Commonwealth Caribbean to Canada, the United States and the United Kingdom.¹ This 12-month project was unique because the researchers were required not only to evaluate the nature of the problem but also to explore feasible interventions and then design a multi-stakeholder initiative that could help to offset the worst effects of brain drain

In sketching out the nature of the problem, the report examined the phenomenon of reverse subsidization. Simply put, reverse subsidization takes place when rich countries absorb the skills and knowledge of critical workers whose education was provided, largely at government cost, by poor countries, especially at the college or university level. For example, more than 12 percent of GDP is spent by the governments of Jamaica and Barbados on the education of migrants.² The other dimension of the problem is driven by demographics in destination countries. The aging population is pushing the demand for health care workers, at the same time as more nurses are reaching retirement age and new entrants to the profession are insufficient to meet growing demand.

The deterioration of source country health care provisions is one of the worst side effects of nurse migration. The problem can be characterized as vicious circle—as workers leave source country health care jobs, working conditions deteriorate for those who remain, and as working conditions deteriorate, more workers are inclined to leave, and so on. Because poorer countries lack the financial resources to increase wages or improve

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¹ This work was commissioned by the Commonwealth Secretariat. The original mandate included the migration of teachers as well.

² United Nations Educational Scientific and Cultural Organization figures cited in Mishra (2006).

working conditions, the situation only gets worse.

What we learned is that to be effective, interventions require cooperation at many levels—economic, political, and social—and concerns at every level must be tempered with a respect for individual human rights and market realities. Beneath the national and institutional levels of analysis are the stories of individuals seeking to provide better lives for their families by working abroad and, in doing paying various psychological costs such as sacrificing their own right to live near loved ones and in the community of their choice.

METHODOLOGY – NEEDS ASSESSMENT AND PROGRAM DESIGN

The project incorporated researchers from four different countries examining at least five disciplines of study including health policy, social policy, trade and economic policy, labour economics, development economics, and so on, within the context of 14 CARICOM source states, and three destination states. The potentially overwhelming scale of the project was mitigated by a few limiting assumptions. The first was that we had to produce a practical set of recommendations that were feasible in scale and executable in the short term. The second limiting assumption was that this was to be a preliminary assessment of costs and benefits and a more detailed feasibility study would follow.

We also began with some operating assumptions about the scope and potential effectiveness of an intervention program:

- Nothing would be successful without support from a sufficient number of stakeholders willing to act. Therefore we tried to focus on areas of overlapping or intersecting interest between source and destination countries.

- Elimination of widespread systemic problems, while desirable, is not realistic. Therefore our priority was to find ways to reduce the worst effects of the brain drain in the nursing sector, and to try to produce some positive dividends if we could.

Because of the complex nature of the problem and its intersection with so many other operational areas, we believed that only by defining the problem very narrowly could we develop a set of workable recommendations. Thus, for destination countries, the initial problem definition was a nurse shortage created by an aging population combined with short-term labour market mismanagement. Meanwhile, the source country problem was framed in terms of domestic health care sector deterioration as a result of nurse migration. By using very narrow problem definitions, we were consciously leaving aside other macro-level problems such as development inequalities and global health care crises, and globalization that we concluded to be out of our reach.

Identifying the problem was easier than coming up with workable solutions. Within a fairly short period of time we were able to assert that nurse migration from the Caribbean to member countries of the Organisation for Economic Co-operation and Development contributed to a paradoxical subsidy from poor countries to wealthy ones. Publicly funded educational subsidies for each departing nurse from the Caribbean are conservatively estimated at US\$35,000 each,³ and our research suggested that this amount was balanced out by remittances. Furthermore, even with remittances, nurse migration was still hurting the source country health care sector, and exacerbating income inequalities between those families with ‘remitters’ and those without, plus a host of other social and familial dislocations.

Within destination countries, the research team was able to track the demographic drivers of nurse shortages and to assert that the need for

³ The Pan American Health Organization estimates run at approximately US\$55,000.

imported health care workers would not abate for at least two decades. For example, the shortage of nurses in Canada is expected to reach 78,000 by 2011 and 113,000 by 2016.⁴ At the same time, we noted a growing number of media reports in destination countries giving voice to the public concern about ‘poaching nurses from the third world.’

In anticipation of the fact that we would be required to engage in a limited amount of public advocacy for our eventual pilot program, we believed that quantification of costs, benefits, losses, migration rates, etc. would be useful for attracting decision-makers’ attention to our recommendations.

However, with very poor available data on the movements and skill levels of in-bound and out-bound migrants some of our assertions were based on fairly rough estimates, third country references, or anecdotal accounts.

Within the quantitative section we tried to present an analytical ‘snapshot’ that summarized the following:

- Within source countries –
 - Losses from brain drain including educational grants and health sector losses; and
 - Other quantifiable losses including lack of classroom and laboratory space in subsidized nursing programs; versus
 - Offsetting gains from remittances.

- Within destination countries –
 - Demographic and other factors contributing to the nurse shortage;
 - Prospects for remedies to the shortage from domestic labour stocks;
 - Anticipated duration of shortage—temporary migration or permanent migration; and
 - Extent of public concern over nurse ‘poaching.’

The issue of nurse migration from developing to developed countries is complex and, at times, contradictory--putting developing and developed countries at odds with each other.

The issue of nurse migration from developing to developed countries is complex and, at times, contradictory—putting developing and developed countries at odds with each other. For example, the deterioration of the source country health care sector as a result of migration is countered by economic benefits through remittances and individual rights to economic self-

determination through migration. At the other end, destination countries are interested in providing adequate and affordable health care for aging populations at the same time as they try to remain faithful to foreign development policy goals of poverty alleviation. Because of complex array of factors we could have examined, we chose to look for areas where common problems or interests between source and destination countries intersected, trying to construct a set of recommendations on a common base of interests. We utilized a classification shorthand now common in migration literature of ‘push’ and ‘pull’ factors that impel people to leave one place and go to another.

⁴ 2002 data from Canadian Nurses Association (www.can-nurses.ca).

OPERATIONAL AREAS

Push Factors, Pull Factors, Barriers and Other Issues

Although there were variations among the source countries we studied, and even variations between regions within single countries, a push factor that was commonly identified was the deterioration of domestic health care sectors as nurses who remained in source countries reported worsening working conditions and higher stress levels.

Because most of the Caribbean countries in our study enjoy a relatively high degree of political and social stability, the preponderant 'pull' factor inducing nurse migration was destination country wage rates. Wages in Canada, the United States and the United Kingdom could run more than five times what Caribbean nurses could earn at home.

Our data shows the demographic drivers of an impending nurse shortage—at least in Canada and the United States⁵—but that does not mean that the doors of these destination countries are fully open to foreign-trained nurses. In Canada, for example, the domestic health care sector is in disarray after years of hiring freezes, inadequate government funding for nurse education, and related planning problems. Those who spoke to us during stakeholders meetings seemed wary about the need for imported nurses when Canada has yet to get its own house in order in terms of human resource management in the health care sector.

Beyond the sorts of barriers associated with health human resources planning, other barriers common in many destination countries include:

- Procedures for obtaining a work permit (Canada) or employment visa (United States);
- Certification issues—the means by which a nurse's credentials are recognized by national or sub-national professional bodies, enabling the nurse to work in a given territory;
- Comparability of educational and professional backgrounds;
- Acceptance of foreign-trained nurses by other stakeholder groups including unions, patients, other health care workers, etc.; and
- Lack of spousal employment—*i.e.* the spouses of nurses cannot get permission to work in the destination country.

It may come as a surprise to some that in Canada and the United States work permits/visas are among the least significant barriers nurses face. In both countries nursing is considered to be an in-demand profession, so nurses who meet the necessary health and security requirements and who have a job offer can enter with a minimum of resistance from national labour or immigration departments. Where they are more likely to encounter barriers are in achieving acceptable results in national certification examinations, language proficiency tests,⁶ and recognition of foreign education credentials. In our study of Caribbean nurses, they were relatively well prepared to work in most provinces of Canada because of a common language and British educational system. However, recent statistics indicate that for instance nurses trained in Mexico have a relatively low success rate in passing US proficiency tests, whereas nurses from the Philippines appear to do much better because of concerted government policies to

⁵ Because of the expansion of the European Union (EU) to include 10 new countries, primarily from Central and Eastern Europe, we were not able to make a conclusive case for a future demand for nurses in the United Kingdom that would necessitate reach outside of the EU.

⁶ Admittedly less of a concern for the Commonwealth Caribbean.

prepare health care professionals to work abroad.⁷

Our mandate was to develop a set of recommendations for a pilot program of managed temporary migration that would ameliorate some of the worst effects of nurse migration from developing to developed countries. Implicit in the mandate were a number of assumptions about the nature of economic migration and the migrants themselves that required examination. The first is that nurse migration will continue with or without interventions. On the demand side, we established this with quantitative data, while on the supply side, no matter how undesirable certain effects of out-migration are, emigration cannot be prevented in democratic societies without restricting human rights.

The next assumption to be examined was whether the notion of temporary migration was feasible or desirable. Some would argue that migrants accept temporary migration assignments until or unless more permanent opportunities come along. For example, the Philippines' worker promotion programs are framed on the premise of temporary migration and seek to ensure a healthy flow of return remittances; however there is little evidence to suggest that workers return to the Philippines if they have permanent migration opportunities. The focus of most academic attention is on the flow rates of return remittances and there are now some generally accepted assertions about flow rates versus time abroad, but there is little attention paid to whether workers are 'temporary' or

⁷ Statistics published by the US National Council of State Boards of Nursing for 2002 indicate that fewer than 33 percent of Mexican candidates passed the mandatory US nursing proficiency test (NCLEX-RN) on their first try, compared with more than 57 percent for candidates from the Philippines and 73 percent for Canadian candidates. Also indicative of the scope of Philippine emigration promotion are the number of applicants for that year (10 for Mexico, 42 for Canada and 1429 for the Philippines). See www.ncsbn.org/pdfs/2002LicExamStats.pdf.

'permanent' migrants. While there is some better data being collected regarding remittance differences according to skill level and gender, there seems to be little information regarding remittance patterns between those on permanent versus temporary migration tracks.

Another issue related to unblocking some of the impediments to the migration of nurses is the issue of nurse recruitment, which is controversial on two fronts. First, unethical recruiters are known to abuse the rights of potential migrants by charging them exorbitant fees or misleading them into accepting job responsibilities and working conditions that are incompatible with their qualifications and skills.⁸ The second area of recruitment concern is the very fact that developed countries are recruiting nurses from developing countries. Although Canada does not have a national recruitment policy, media reports indicate a rising level of public concern about contributing to brain drain and health care sector deterioration in developing countries. Countries such as the United Kingdom and Sweden with similar concerns have instituted bans on recruitment from developing countries but this has not stemmed the flow of nurses in absolute numbers. It has had the paradoxical effect of channelling nurses into lower-skilled, lower-wage jobs that are not similarly regulated.

The nature of nurse migration shares a number of characteristics with other employment sectors ranging from agricultural workers to computer programmers. However what became evident as our analysis progressed, particularly during in-person interviews with the nurses themselves, were the distinct characteristics of the migratory nursing sector and how poorly these special characteristics are integrated into either governmental planning frameworks or academic analyses. Nurses, by virtue of at least three or four years of post-secondary education, qualify as highly skilled workers; yet most official analysis of highly skilled workers focuses on information technology workers and

⁸ International Council of Nurses 2001 statement on ethical recruitment of nurses.

male-dominated skilled trades. Nurses are usually, though not always, women. They are often the economic, if not physical, heads of their households and they may be responsible for the care of children or elderly relatives. This does not square with migration frameworks built around the lifestyles and objectives of young men with few family attachments.

More analysis needs to be done on the special characteristics of the female highly skilled worker. We are able to extrapolate from statistical and other data that temporary workers as a whole tend to gravitate toward the opportunity for permanent migration. Are there gender based differences affecting this preference? Some research on highly skilled women migrants (not exclusively the nursing sector) suggests that women's migration is usually tied to the migration decisions of husbands who are economically dominant. In those cases where the woman's job is in higher demand by foreign employers or provides higher rates of pay, the man may become the 'trailing' migrant but the limited research that exists on the subject suggests that this transition is not easy or frequent.

Conventional wisdom says that temporary workers gravitate towards permanent migration opportunities that will then allow them to sponsor family members to live with them in the destination countries. Is the preference for permanent versus temporary migration different for men than for women? Canada's Live-In Caregiver program, which is predominantly made up of women workers, offers a fast track to apply for permanent resident status after two years. Evidence suggests that many caregivers take advantage of this program and use it to bring other family members (husbands, children, and elderly parents) to Canada. On the other hand, we heard diverging views from Caribbean nurses who depicted migration to North America not as a one-way street but as a revolving door. They related stories about coming to Canada and the United States to work for periods of time

to meet the economic needs of family members who stayed behind in countries of origin. Once economic commitments had been met and savings put aside, they would return to their family and community and also accept lower paying jobs in their home countries.

Potential areas of difference relating to gender and skill levels suggest the need for greater research in order to improve policy decision-making. The major areas of uncertainty could be summarized as follows:

- 1) Government planners and academics tend to treat highly skilled workers as relatively homogeneous. There is a need to disaggregate the data not only by skill level but responsibility for economic and non-economic family support.⁹ This more specialized analysis may reveal different preferences:
 - a. For longer-term versus shorter term migration depending on whether family members accompany the migrant or stay behind; and
 - b. For different needs in the workplace. For example few temporary worker programs offer the sort of part time work opportunities that those responsible for the care of young children might require; and different programs for social integration in the destination country that include spousal employment permits and adequate educational opportunities for children.
- 2) The analysis supporting government planning also needs to re-evaluate the assumption that temporary migration programs are always second best or less desirable than permanent migration

⁹ On this issue, it is tempting to contextualize the problem on the basis of gender, especially since the majority of registered nurses are women, but reducing the issue in gender terms runs the risk of losing the key point which is the importance not only of economic support but also physical, emotional and other forms of support for family members, regardless of whether it is delivered by men or women.

opportunities. In Canada, there is no shortage of qualified applicants to permanent migration programs. We also have plenty of evidence indicating that employers would prefer to retain workers in whom they have invested training resources for longer periods of time. Nevertheless, when we factor into the equation concerns about developing country brain drain, then the merits of return migration—the revolving door framework of temporary migration—can also be seen. For example, by providing more incentives (or fewer disincentives) to return migration, developing countries can benefit from the increased skills, experiences and financial resources of returning workers. Further analysis must be done, therefore, to determine how best to optimize the employer’s need for return on investment in human capital, the worker’s need to balance cultural and family ties with economic earning power, and the developing country’s need to incubate domestic skills, and transform resources gained abroad into local capacity.

THE CANADA-BOUND PROPOSAL FOR MANAGED TEMPORARY MOVEMENT OF NURSES

The results of our survey of push and pull factors and migration barriers led us to propose a pilot program to facilitate the temporary movement of certain cohorts of nurses from the Caribbean to Canada. We chose Canada because although the United States provided greater overall demand and economic rewards, the conflicts between Congress, unions, employers, etc. as well as the current negative tone of the US immigration debate made the launching of a US pilot program seem too risky. We believe, however, that if a motivated US health care employer were to come forward to lead such a project, many of the identified obstacles could be overcome.

Among the positive advantages offered by Canada are its relatively small size which contributes to a high degree of shared communication between policy communities in health care, migration, international development and external affairs. As well, Canada is home to a large population of Caribbean origin, more than 320,000 according to the 2001 census and common cultural and linguistic ties through the Commonwealth.

The proposal itself focused on the following source country conditions:

- A deteriorating health care sector with declining numbers of experienced nurses;
- Too little funding to meet the demand for nursing education, especially in a system that was mandated to provide significant public funding for tertiary education; and
- A desire to improve Caribbean capacity in the export of health education services by making local universities more desirable to fee paying international students.
- A desire to improve the skills and capacities of Caribbean nurses through experience gained overseas.

And the following destination country conditions:

- A shortage of nurses that is expected rapidly in the next 15 years;
- A concern about ‘poaching’ nurses from developing countries;
- A desire on the part of employers to attract nurses who are better prepared for Canadian health care work environments including licensing and certification requirements, enhanced training in technology and equipment, as well as Canadian hospital practices and procedures.

The Canada-Bound program sought to create specialized training programs within Caribbean nursing schools for those students wishing a post-graduate work placement in a Canadian hospital. The Canada-Bound program would provide enhanced training in Canadian medical practice and faculty members from Canadian nursing schools would work cooperatively with Caribbean faculty for delivery. The difference between the Canada-Bound program and regular nursing training is that students would pay market-based tuition to participate. Student loans would be available with some degree of loan forgiveness for nurses who returned to service in the country of origin after the Canadian placement. The bilateral cooperative element in the nursing schools could then be expanded to provide infrastructure and development assistance to the Caribbean nursing schools as a whole.¹⁰ The Canadian assistance could be used as a framework to expand local training capacity and to market nursing education to foreign students. Expanded opportunities to teach within the Caribbean nursing schools could also serve as incentives to bring nurses employed overseas back home.

Implicit in this proposal was Canadian development assistance funding to help improve nurse training capacity in the Caribbean, together with participation by Caribbean and Canadian schools of nursing and at least one Canadian employer/teaching hospital. Permission for participating nurse graduates to work in Canada could be organized through Canada's Temporary Workers' Program or through extensions to student visas, if some part of the training took place in a Canadian school.

¹⁰ The program was devised to support publicly funded nursing schools in the region. There are already a large number of private, for-profit, nursing schools operating in the Caribbean. Most, if not all, are foreign-owned.

THE SHORT LIFE OF A POLICY ADVOCACY PROPOSAL

The primary participants in the advocacy process were the Caribbean governments, represented by the Caribbean Community (CARICOM) Secretariat and Canadian government representatives responsible for health, development, immigration, labour, foreign affairs and trade. Additionally, representatives from Canadian and Caribbean nursing schools were also involved in stakeholder meetings. Through the coalition building efforts of the Commonwealth Secretariat, CARICOM eventually endorsed the principles embodied in the proposal. At a stakeholders meeting in April of 2005, CARICOM called for closer cooperation between the Canadian and the Caribbean governments on nurse migration to develop joint programs "such as the Canada-Bound program." One of the most important motivating factors for Caribbean decision makers was the preferential access that this program provided to Caribbean nurses. Powerless to halt outbound migration, Caribbean policy makers recognize that their remittance economies depend on the market success of their workers competing against millions of others from Philippines, India, and China, among others. For a region with a total population of a little more than five million,¹¹ there is an acute awareness of the importance of achieving earlier or better access to employment markets by leveraging such advantages as geographic proximity and shared linguistic, cultural, and historical ties.

Canadian government officials were more guarded in their response to the proposal; however, during the period of time when a possible Canada-CARICOM Free Trade Agreement (FTA) was rising on the governmental agenda (spring/summer 2005), interest in the proposal rose and the research

¹¹ The population of the Commonwealth Caribbean is less than 5 million. Half of this population is in Jamaica. However, the CARICOM population (including Haiti, Belize, and Suriname) is 15 million. The CARIFORUM (CARICOM plus Dominican Republic) has a population approaching 25 million.

team was frequently called on to speak to various government and stakeholder groups. However, in the aftermath of recent government changes, there is every indication that the Canada-CARICOM FTA has stalled on the governmental agenda so residual interest generated on foreign policy grounds has been lost. We speculate that the program could be resurrected if there was a Canadian health care employer willing to take the project to the next level. However, since the Commonwealth research agenda did not include a sustained advocacy and promotion campaign in Canada, the process has lost momentum and is unlikely to regain it. Nevertheless, the process of needs assessment, program design and advocacy/consensus yielded important lessons learned for future projects.

LESSONS LEARNED

While it would be satisfying to conclude with an account of the ultimate success of the Canada-Bound program, it currently remains unrealized. In hindsight, the magnitude of the changes recommended and the multiple agencies and interests that would be affected made it unlikely that such a radical intervention would be successful within governmental institutions that accept change slowly and incrementally. Nevertheless, the initiative did move the dialogue ahead and contribute new insights to our understanding of the problem and possible solutions. In doing so, it is hoped that the lessons learned from this process contribute to positive changes in the future. This paper concludes with a summary of lessons learned.

Research disciplines as Towers of Babel

Our project depended on the cooperative efforts of analysts and policy-makers from a number of distinct disciplinary areas including economics, health policy, trade policy, demographics and foreign and

development policy. They seldom shared the same priorities or analytical assumptions. Therefore, a great deal of compromise was required within the research team to produce a common product.

Live by the numbers, die by the numbers

Recent immigration data showed that fewer than twenty people from the Caribbean were entering Canada every year and listing their occupation as registered nurse. Why were the numbers so small? The research team speculated that hiring freezes had severely restricted nursing jobs available in recent years. We also believed that there were many more Caribbean nurses working in Canada that did not show up in the statistics for new entrants because they entered under family reunification programs, or student visas, or they already had Canadian citizenship or landed immigrant status—even if they regularly returned to or resided in their home countries.

Nevertheless, opponents of the program focused not on the projected Canadian nurse shortage of 113,000 by 2016 but on the low reporting of Caribbean nurse migrants to Canada and they dismissed the program as not worth the effort. We consider this to be one of the negative implications of our decision to produce an analysis that was rich in quantitative analysis.

“Putting good money after bad” and other perceptions of Caribbean funding of tertiary education

Almost all of the Caribbean nations are among the top 20 countries in the world with the highest-tertiary education rate and in some cases, more than 10 percent of GDP will be spent on the education of students who will emigrate. Consequently, some Canadian opponents to the Canada-Bound program were reluctant to invest in improving tertiary training in the Caribbean when there was a high level of government subsidization combined with a

high propensity for highly skilled emigration. However, for the Caribbean governments, the principle of government investment in human development is an important priority that they are unwilling to abandon, even if some percentage of that investment goes to 'subsidize' wealthy countries through migration. This was a clash of values that did not seem amenable to a compromise solution.

If an initiative can move under the radar it will move farther

Despite the polemics that immigration debates can generate, the effective and relatively non-controversial functioning of the Canadian Temporary Workers Program administered by Human Resources and Social Development Canada is impressive. The program moved beyond the Seasonal Agricultural Workers Program to include a range of occupations and skill levels. Some of reasons for its success seem to be that it is limited in scale and scope and it responds directly to fluctuations in labour market demand. It succeeds because of employer willingness to abide by the terms and conditions of the program and a pragmatic attitude on the part of the government to provide blanket labour market opinions when requested. The blanket labour market opinion dispenses with the need to produce labour market opinions for each potential new worker, and this facilitates the more rapid employment of larger numbers of workers for in-demand professions.

The convergence of a palatable policy or program and the political need for an "announceable" can be a potent combination

Before the interest in the Canada-Caribbean FTA began to accelerate we were lucky to interest even the most junior officials in the results of our research. Six months later, as political interest in enhanced relations with the Caribbean began to climb, the research

team was inundated with calls by highly placed officials seeking more information. Also at the time, interest was ratcheted upwards by the well-publicized release of a various reports on the crisis in Canadian health human resources. As a result, of this confluence of events, the "Caribbean nurse issue" began to take on a life of its own.

It is hard to sustain support for a proposal that cuts into too many operational areas and challenges established turf

A policy project on the auto sector, for example, deals with a fairly homogenous policy community of government officials, academics, and industry specialists with shared understandings and worldviews. By contrast, it was very difficult to sustain support for a nurse migration program that crossed the boundaries of health, education, labour mobility, and international development; that was affected by both federal and provincial jurisdictional areas; and that had no strong natural constituencies in Canada advocating for change.

Without the inclusion of pro-development considerations, the worst effects of brain drain will continue unabated

Without an employer/champion in the destination country, attempts to craft a pro-development managed migration program are just bureaucratic smoke and mirrors. As nurses retire and the demand for nurses increases in wealthy countries, the labour market response will be to accelerate foreign recruitment. However, without enlightened action on the part of source and destination country governments and development agencies, there will be a net outflow of resources from the developing world. While we cannot reverse market realities, we can implement offsetting programs to ameliorate the worst effects of brain drain, to encourage return migration and to reverse the flow of resources from poorer countries to wealthier ones.

Identifying the vicious cycle is easy but designing effective methods of abatement is not

Our attempts to alleviate the negative effects of nurse migration from developing countries focused on three areas: improving the quality and capacity of Caribbean nurse education for both outbound and remaining nurses; improving the incentives for individuals to return through opportunities to teach in the expanded education programs; and offering student loan forgiveness for nurses who return for a period of domestic service. We explored other areas of intervention and found difficulties with many of them--although some could be tackled through other projects and through the cooperation of source country stakeholders. For example, some of the nurses we interviewed said that wage parity would not be necessary to induce them to return to their home country if there existed other incentives such as spousal employment or recognition of seniority and experience gained abroad. More intractable problems related to lack of source country funding for staff, facilities and equipment. This suggests the need for direct financial transfers through bilateral and multilateral assistance programs. However, these sorts of interventions are not new and come with their own difficulties and complications. What is relatively new and decidedly problematic is the suggestion that countries 'importing' health care workers should compensate 'exporting' countries on a per capita basis. Leaving ethical questions aside, the administrative complexities of compensation are staggering. Do governments or employers make the payments? Who should receive them? If a healthcare worker moves first to Canada and then the United States, which 'importing' country is liable for compensation? Etcetera. Nevertheless, while direct compensation is not a feasible proposition, development considerations demand that wealthy countries that benefit from the services of developing country health workers should take pains to support source country health care sectors through

innovative and sustainable health sector interventions.

Planning frameworks that are based on assumptions about highly skilled workers as young, male and unattached provide a distorted view of reality

During our research, it became clear that such factors as gender and responsibility for family caregiving played a role in decisions regarding permanent or temporary migration, choice of destination country, duration of period abroad, and needs and priorities of migrants. However, the scope of our study did not allow us to fully explore the extent of these differences or their implications for policy planning. In decades past, female migration was largely confined to the movement of domestic workers or of wives moving with spouses who were the primary economic wage earners and the number of male economic migrants far outweighed the number of females. This reality is changing rapidly. Women workers are making up a higher percentage of economic migrants and they are dispersed across skill levels. Thus, there is a clear need for further studies of the movement patterns of highly skilled women worker from developing countries.

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