

## ***No such thing as nurses' brain drain***

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There was a short but clear argument why nurses' migration from the Philippines and other poor countries to the rich countries should not be considered as "brain drain", but a positive thing for the country of the departing nurses. Mr. Michael Clemens posted (May 25, 2006) in [http://blogs.cgdev.org/globaldevelopment/2006/05/nurse\\_drain\\_a\\_problem\\_to\\_think\\_about.php](http://blogs.cgdev.org/globaldevelopment/2006/05/nurse_drain_a_problem_to_think_about.php) and argued the following:

"Nurse Drain A Problem? Think Again

The effect of nurse emigration on the countries of origin is not that simple, despite yesterday's somber New York Times piece, "[U.S. Plan to Lure Nurses May Hurt Poor Nations](#)." Yes, the Philippines has been the world's top exporter of nurses for decades, but today it has more nurses than almost any other country in its income group. According to the [World Health Organization](#) (PDF), it actually has more nurses per capita than Great Britain. Why? Because there is no such thing as a fixed quantity of nurses to be "drained" from the Philippines or Africa, like petroleum from the ground. People -- in this case mostly low-income women -- react to global markets and change their career plans accordingly. Many Filipinas wouldn't have become nurses if not for the migration opportunity, and thus are not 'lost' in any sense when they depart. Africans are starting to follow suit, opening career paths for professional women who would otherwise have few. This should not be discouraged through closed immigration policy, but rather taken advantage of -- through the establishment of for-export nurse training programs as the Philippines has done en masse. Unlike petroleum, these women are human beings. They have rights and ambitions whose fruition in the United States is a beautiful thing."

Mr. Clemens is right. In the Philippines now, many career people shift to nursing so they can easily be hired in the US, Canada and UK. Physicians and doctors, engineers and architects, lawyers and managers, teachers and civil servants, among others, have shifted career, studied nursing, passed the nursing board exams, and waited for their turn to be hired abroad.

The supply of nursing students have greatly increased, and the number of private colleges and universities, as well as private hospitals offering BS nursing, have also increased. There will be no "under-supply" in the nursing and health professionals in the Philippines as there is a steady stream of new students and other professionals shifting career to the health sector. Although admittedly, there are some short-term problems, like large-scale exodus of experienced nurses and doctors from provincial hospitals, creating an immediate "vacuum" of experienced health professionals in some parts of the country.

But there are also short-term and immediate gains, like ever-increasing remittances of overseas Filipino workers (OFWs) back to their families. Total remittances via official financial channels in 2005 was \$10.7 billion, and estimated remittances via friends and other unofficial channels is at least \$3 billion more. In 2006, remittances surpassed \$12 billion, and this year, more than \$14 billion. These exclude several billion \$ of remittances via friends and unofficial channels.

In addition, some sick and well-off people in rich countries who get impatient with protectionism of their countries by limiting the entry of foreign nurses, doctors and other health professionals, come to the Philippines' many hospitals and private clinics for medical treatment and check-ups. This phenomenon is called "medical tourism", and there are a number of local and foreign entrepreneurs wanting to cash in on this emerging phenomenon.

There are also a number of plans and projects on-going to develop "retirement villages" in some parts of the Philippines, where retirees and old people from other countries, as well as returning Filipinos who have worked abroad for decades, can stay and retire. Health caregiving and nursing are essential components of those retirement villages.

Finally, many of those nurses and physicians who have worked abroad for many years come back home, not as nurses and physicians, but as businessmen and entrepreneurs, or at least managers, of new or expanded hospitals and clinics for medical tourism and retirement villages.

Overall, there is no such thing as "brain drain". Only short-term reallocation of human resources, and long-term gains of freeing people to seek their own fortunes, and remitting back savings and investments into their folks and families in their home countries.