

8 Moving Forwards, Falling Backwards: GATS and the Migration of Skilled Professionals from the Caribbean

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Background

The world's peoples have always crossed borders in search of new opportunities to improve their personal educational, skill, economic and/or social capacity. This movement of women and men is now of staggering proportions. According to the International Organization for Migration (n.d.), there are currently an estimated 200 million international migrants, some 3 per cent of the global population; 49.6 per cent of them are women, demonstrating the strong feminisation of migration patterns.

The Caribbean region has been defined by a history of migration, both voluntary and forced. Skilled and unskilled Caribbean people have travelled within the region and to Europe and North America in search of a better life. Thomas-Hope (2005) refers to a Caribbean 'culture' of migration, noting that:

Opportunities for movement are readily taken by persons in a wide range of skills and education categories, not only workers but tertiary and secondary level students as well. This makes recruitment for migration, for almost any purpose, easy ...

Indeed, she suggests that:

... migration potentially extends the opportunities for populations living in limited national spaces. When and where opportunities allow persons to extend their livelihoods into the wider global environment, and since people at all levels are pre-conditioned to associate the achievement of their goals with migration, then such an opportunity is immediately regarded as the desired option. The more the society depends on this option, the more it continues to do so until, as in the Caribbean and across many other developing countries in Africa and Asia, it becomes part of the normal consideration within the careers of individuals and life cycles of households. (ibid.)

Women are the majority of migrants from the Caribbean. For example, as

cited by Thomas-Hope (2002), the Caribbean Community Regional Census Office showed in 1994 that in every decade since the 1950s 43–47 per cent of Caribbean migrants to the USA were male, compared to 53–57 per cent who were female. She further notes that:

In all the major groups of Caribbean nationals in Canada and for each decade of their arrival, females have been larger in number than males. The percentage male and female in the immigrant stock (1981) were for Jamaica, 43.7% male and 56.3% female; Trinidad & Tobago, 47% male, 53% female; Barbados, 44.7% male, 54.4% female; Haiti, 45.6% male, 54.4% female. (ECLAC, 2000 in *ibid.*)

Changes in trade and economic policy: trade agreements and the movement of labour

Trade liberalisation has applied in the main to goods, with trade in services being less robust. The WTO indicates that ‘...while services currently account for over 60 per cent of global production and employment, they represent no more than 20 per cent of total trade’ (n.d.) It emphasises, however, that ‘This – seemingly modest – share should not be underestimated ... [as] many services, which have long been considered genuine domestic activities, have increasingly become internationally mobile’ (*ibid.*).

The General Agreement on Trade in Services was brought into force by the WTO in January 1995 as a result of negotiations in the Uruguay Round. Under the GATS, the movement of labour is restricted to the movement of ‘natural persons’ as service suppliers. ‘Natural persons’ refers to actual individuals (as opposed to companies or other institutional actors) subject to physical laws and being ‘persons of one Member entering the territory of another Member to supply a service (e.g., accountants, doctors or teachers). The Annex on Movement of Natural Persons specifies, however, that Members remain free to operate measures regarding citizenship, residence or access to the employment market on a permanent basis’ (Nielson, 2002).

Some regional free trade agreements go further than the GATS. However, in these agreements too there is selectivity as to which groups are accorded labour mobility. A joint WTO-World Bank Symposium in 2002 noted that:

Some agreements cover the mobility of people in general (i.e. including permanent migration and non-workers); others offer free movement of labour (including entry to the local labour market); others are limited to facilitated movement for certain kinds of trade- or investment-related activities; and others, like the GATS, are confined to temporary movement and only for service suppliers (and explicitly exclude entry to the

labour market or permanent migration). Additionally, some cover workers at all skill levels, while others are limited to the higher skilled.

(Nielson, 2002)

Specific provisions include ‘full national treatment and market access for service suppliers (ANZCERTA); commitments on visas (NAFTA), including for groups beyond service suppliers (US-Jordan); [and] special market access or facilitated access for certain groups, including beyond service suppliers (CARICOM, NAFTA)’ (ibid.).²⁰

As the movement of people has increased globally, governments and the international community have responded with migration policies and regulations. By the early 1990s, countries were emphasising migrants’ skills and favouring those that met ‘specific labour needs, such as those in science and technology, those with skills considered in short supply and those with capital to invest’ (Merkin, 2005). In order to do so, they established preferential categories (USA) or points systems (Australia and Canada) (ibid.).

A variety of factors have influenced this trend:

Significant labour shortfalls in a number of sectors due to skill shortages, population ageing and population decline have fuelled an increase in the intake of migrant workers ... intake that is limited to highly skilled workers ... Although receiving countries have emphasised the need to attract highly skilled workers, population ageing and rising job expectations are also producing labour shortages in such low-skilled fields as agriculture, construction and domestic services. (ibid.)

Targeted recruitment of skilled workers as a development strategy is being utilised mainly by developed countries. Merkin indicates that ‘While one third of developed countries seek to increase the immigration of the highly skilled, only 8 per cent of developing countries pursue such a strategy’.

The economic and development costs of migration

According to Degazon-Johnson (2007: 2–3), the trade in skills

... offers opportunities to highly skilled persons to exercise their right to free movement in search for career enrichment. The flip side to this may be, at the same time, the depletion of human capital of small countries in particular, human capital which has been created through health and education outlay supported through the revenue of their tax payers. The trade in skills may involve ‘the buyers’ – universities, schools and hospitals – seeking skills abroad to develop a dynamic professional staff, but it can also involve unscrupulous recruiters who seduce the unwitting to

undertake positions without providing them with full information about these positions. Migration – either temporary or permanent – has become a major part of the trade in the highly skilled, certainly for the Commonwealth Caribbean.

The Caribbean supplies workers for the skilled and unskilled labour force of North America and the UK and struggles to balance the loss with the gain from remittances – an important source of foreign exchange and for many countries a significant percentage of gross domestic product (GDP). Mishra (2006) indicates that:

Caribbean countries have lost 10–40 per cent of their labor force due to emigration to OECD member countries. The migration rates are particularly striking for the high skilled. Many countries have lost more than 70 per cent of their labor force with more than 12 years of completed schooling – among the highest emigration rates in the world.

The economic cost to the Caribbean of the level of migration of nurses and teachers is considerable. In a presentation in 2005, Winston Cox, then Deputy Secretary-General of the Commonwealth Secretariat, noted that studies estimate the cost of nurses migrating from CARICOM countries in 1999–2000 to be in the region of US\$16.7 million. This, he said, was:

... a transfer of resources from lower-income Caribbean countries to higher-income destination countries that is only partially offset by the reverse flow of remittances. ... studies have also shown that due to the ageing population in OECD countries, the demand for health-care professionals, especially nurses, in those countries will rise rapidly over the next 15 years’.

This rise in demand, he noted, would certainly lead to increased recruitment.

However, as Thomas-Hope (2002) posits, the volume of skilled migration does not itself determine the extent of impact of the movement or indeed its role as a ‘brain drain’. She suggests that the impact is relative to the wider social and economic environment and compensatory movements and processes. Negative impacts are more likely if: (a) the inflows of people through return migration or new migration is insufficient in quantity or quality; (b) the inflow of other forms of capital (financial or social) do not compensate for the loss of human resources; (c) the national or regional potential for skill replacement is less than the resource losses due to out-migration; and (d) a larger or more specialised skilled labour force is being produced in individual countries or the region than can be absorbed by either (ibid.).

An examination of the situation with respect to the out-migration of nurses and teachers from the Caribbean, on the basis of the criteria that Thomas-Hope sets out, suggests that the impact is indeed a drain that will have negative long-term implications for development in the region unless positive measures and policies are put in place.

Increased recruitment of nurses and teachers

Direct recruitment of professionals from the Caribbean, Africa and Asia has increased in recent years. Citing trends since 2000, Thomas-Hope (2005) notes that there has been ‘a new wave of recruitment of skilled persons and students’. This recruitment has been not only through advertisements in the local media but also through in-country recruitment centres, as well as through ‘a range of informal operators, most of whom are Caribbean nationals’ (ibid.).

The impact on the nursing and teaching professions of the Caribbean – and, by extension, the health and educational services – has been significant. Degazon-Johnson (2007) outlines that ‘the Pan-American Health Organization estimated that between 2001–2004, more than a quarter of the 13,046 nursing positions in the Caribbean region were vacant, and whilst 1,199 new nurses graduated during that period 900 nurses left the region’. A smaller-scale but similar pattern of nursing outflows can be seen from small States such as Samoa in the Pacific to Australia and New Zealand, and the case is also true for the out-migration of nurses from several countries in sub-Saharan Africa, e.g., Malawi.

For teachers, Degazon-Johnson (2007: 5) states that: ‘Jamaica with a population of fewer than 3 million lost to the UK between 2001–03 nearly 1,000 teachers, more than a country the size of Canada with a population of 30 million. Guyana trains 300 teachers each year and loses that number to migration overseas’.

As Thomas-Hope (2005) points out ‘it is the schools and health clinics that serve the poorest sectors of the society that suffer the most’.

Gender issues in the recruitment of nurses and teachers

Migration of nurses and teachers has particular gender dimensions. International recruiters are targeting employees in gender-segregated professions. Women are the greater percentage of workers in the ‘caring professions’, particularly in the health and education sectors. These sectors are characterised by relatively low pay, difficult working conditions and limited opportunities for advancement. Given the large numbers of female-headed households in Jamaica, women teachers and nurses may feel additional pres-

sure to provide for their families as the sole or primary breadwinner. The need to sustain their households may be a 'push' factor that leads these professionals to seek or accept work abroad (see Box 8.1).

Box 8.1 The case of Jamaican nurses

Jamaica loses roughly 8 per cent of its registered nurses and more than 20 per cent of its specialist nurses annually (*Daily Gleaner*, 2002). Migration provides these women with higher incomes. Additionally, their families who remain at home benefit from remittances, which are then channelled into the economy. However, there are extremely high costs involved in migration. One is that many women must leave their children and make long-term arrangements for them or for elders if they work abroad. These arrangements may be financially taxing for the immigrants, and there are additional emotional and familial repercussions when women are separated from their loved ones. Moreover, since many women may emigrate legally but remain illegally (since labour flows have not been liberalised like capital flows), they not see their children for many years. In addition, a woman's immigrant lifetime earnings may decrease since she will not accrue retirement or social security savings in Jamaica while she is working abroad.

Yet another concern is that recruitment agencies target experienced nurses and specialists (obstetric, paediatric or geriatric nurses, for example) for overseas employment. The University Hospital of the West Indies has in past years had to close wards because of the severe shortage of nursing personnel. In 2001, the Ministry of Health noted that the health sector had been operating at 75 per cent capacity for several years. Since it takes three years to train nurses to replace the ones who have migrated, Jamaica is in a constant state of 'catch up' to try and make-up for the shortfall. The staffing shortage means that there is an inequitable distribution of nurses between urban and rural areas – with rural areas coping with fewer nurses.

The overseas demand is likely to continue. As the US population ages there will be a greater need for nursing staff, but the average age of a working nurse is 43.3 years and she is likely to retire just as her cohorts will require more care. Few college students are entering the profession because of the pay, working conditions and perceived lack of status. Rather than respond to the 'shortage' by increasing wages in the sector, thereby stimulating an increase in supply, US hospitals have actively recruited Jamaican nurses, for whom wages and working conditions in the USA are better than at home.

Box 8.1 (continued)

The Government of Jamaica has grappled with finding an appropriate response, as the loss of public investment is considerable. In October 2001, Minister of Foreign Trade Anthony Hylton announced that it would try to reduce the emigration of teachers and nurses to the USA to prevent the 'brain drain' of the country's brightest professionals. In October 2003, Prime Minister PJ Patterson proposed that Jamaica train teachers and nurses (both nationals and foreigners) specifically for 'export', as the country would benefit from the fees charged. The Government is also reported to have started discussions with the USA about increased US support for tertiary education in Jamaica.

Source: Adapted from Wyss and White, 2004

Women may be more likely than men to use illegal recruitment and migration channels because of their limited access to credit and legal counsel. Some agencies charge fees to the migrant, and women may go into long-term debt (since they have less access to money and networks than men) to pay the charges. Despite the fact that nurses and teachers are highly trained, the receiving government may not accept sending countries' qualifications and credentials as equivalent and may assign the migrant work that is lower paid or has lower status.

Measures taken in response to the migration of skilled labour

Countries in the region have taken steps to develop a programme to manage migration and to put in place appropriate codes of practice for recruitment. The Managed Migration Programme of the Caribbean resulted from a 2001 PAHO/CPC-initiated review of the scope and impact of nurses' migration in the Caribbean, which led to the creation of a steering committee (Salmon *et al.*, 2007). This defined the Managed Migration Programme as '... a regional strategy for retaining an adequate number of competent nursing personnel to deliver health programs and services to the Caribbean nationals' (*ibid.*).

The report further indicates that:

... a Managed Migration Implementation Team was created in 2001, from which grew a partnership of national, regional, bilateral and international partners. The list includes ... PAHO/CPC, Commonwealth Ministers Secretariat for Nursing and Midwifery, UWI, GRASP Inc, the American Nurses Credentialing Center Magnet Program, International

Labour Organization, and individual governments within and outside of the region. (Salmon *et al.*, 2007)

The Programme addresses six areas: terms and conditions of work; recruitment, retention and training; value of nursing; utilisation and deployment; management practices; and policy development (*ibid.*). This initiative has affected country-specific policy and programmes (see Box 8.2).

Box 8.2 Country-specific initiatives to tackle migration of nurses

St Vincent and the Grenadines: According to the Ministry of Health Planning Unit, the Government of St Vincent and the Grenadines is establishing bilateral agreements to obtain compensation from health-care provider institutions that recruit nurses away from the country. At the time of hiring, the US partners will reimburse the Government with training costs of EC\$45,000 (approximately US\$17,000) for each Vincentian nurse they employ. The funds will be reinvested by the Government to enhance nurse training.

Jamaica: The Jamaican Nursing Council notes that its nurses seek registration to practice in the USA through an arrangement that allows them to work in Miami two weeks per month (travel costs are paid by the nurses) and in Jamaica for the other two weeks. In this way nurses gain additional skills, earn more money to support their family and assist with their own country's staffing needs.

Antigua and Grenada: Through agreements between the two countries' ministries of health in 2003, Grenada opened up its excess training capacity to nursing students from neighbouring Antigua. Twenty individuals from Antigua will receive nursing training in Grenada at a minimal cost. The Regional Examination for Nurses Registration and the Common Nursing Education Standards in the Caribbean allow the Grenadian trained nurses to return and practice in Antigua.

St Kitts and Nevis: An offshore nursing school, the St Kitts International School of Nursing, has been established with the aim of meeting the needs of the global market for trained professional nurses. It is projected that this will admit an average of 1,500 individuals per year from around the world.

Source: Adapted from Salmon *et al.*, 2007

A Commonwealth Code of Practice for the International Recruitment of Health Workers was adopted in May 2003 and a Commonwealth Teacher Recruitment Protocol in September 2004. A Quality Mark for recruitment agencies was also adopted in 2003. Cox (2005) explains:

... neither code is a legally binding document but, by virtue of their moral authority, they provide guidelines for the international recruitment of health workers and teachers in a manner that takes into account the interests and welfare of the professionals, the obligations of the recruiting countries and the potential impact of such recruitment on health and education services in the source countries, which are for the most part developing countries.

Lessons learned

Migration affects the individual migrant, her family, community and nation; it also has numerous impacts on the receiving country. Though migrants have agency, they are also affected by external demand, conditions and forces. Although the liberalisation of trade has been applied more to goods than to services and is slower still in its application to the free movement of labour, targeted recruitment of skilled labour is nonetheless increasing. Among the most targeted groups are teachers and nurses, both of which are highly feminised professions in the Caribbean. With female household headship in the region over 40 per cent, any policies or programmes for the management of migration among occupational groups should take into account family and community impacts and address these through positive measures related to family unification and social protection.

Managed migration of skilled labour can mitigate negative economic and social impacts in source countries and ensure good practice in the receiving countries' observance of appropriate labour standards and protection of human rights. Rather than just reacting to the external pull on their skilled labour force, Caribbean countries can deepen their labour force management to include managed migration strategies. Unemployment among women is more than double that for men in the region. A managed migration programme that identifies opportunities and trends in overseas employment, trains women (and men) for these occupations and ensures good practice in recruitment and conditions of work can go a long way to improve development outcomes at the national and individual levels.

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