

## Visa quotas to worsen shortage of U.S. nurses

TERESA BORDEN

Mae Banaag, a young Filipino nurse at Piedmont Hospital in Atlanta, is one of thousands of foreign nurses who backstop a severe U.S. nursing shortage that is expected to worsen under State Department procedures that go into effect Jan. 1.

"There's not a lot of graduates from the States going into nursing or the medical fields," said Banaag, 30, who arrived here in November 2003. She said many of her fellow nurses come from other countries.

The State Department says it will begin enforcing quotas for employment-based visas on a number of developing countries. The Philippines, China and India, already approaching their quota limits, have provided thousands of hospital-ready nurses to the United States in recent years.

Angela Aggeler, spokeswoman for the U.S. Bureau of Consular Affairs, would not say why the restrictions are being enforced now — except to say they are not new.

"This is not a policy change," she said. "There have always been numerical limits on employment-based visas." She said the agency is merely enforcing existing rules.

"It leaves a major gap in the provision of foreign nurses that we've come to rely on as a patch," said Marla Salmon, dean of the Nell Hodgson Woodruff School of Nursing at Emory University in Atlanta. "It also creates a huge amount of unpredictability about when nurses would be able to come in."

Of the 2.7 million actively practicing nurses in the United States, she said, about 95,000 are foreign-born. Figures for Atlanta were not available, but officials at several metro hospitals said the percentage of foreign-born nurses on their staffs was in the single digits.

In the past, foreign nurses who passed state licensing tests could start working in U.S. hospitals as soon as two months after arriving in this country, using temporary work permits while waiting for their green cards. Now they must have their green cards before coming here, a process that takes between 18 months and two years.

The stricter enforcement affects numerous developing countries and does not single out any specific job category. But because nurses are considered critical employees for the U.S. health industry, the restrictions are considered

particularly troublesome.

”What it will do to us is lengthen the amount of time that it takes to get a foreign nurse in the hospital, working,” said Shawn Cohen, employment services manager for WellStar Health System, which operates several metro hospitals. “It will put a strain on future hiring.”

The nursing shortage will only get worse in coming years as baby boomers get older and live longer, and more American nurses retire.

In 1980, Salmon said, about 25 percent of U.S. nurses were under age 30 and more than half were under 45. Now, fewer than 10 percent are under 30 and more than 65 percent are older than 45.

Shortages are cyclical

Nursing shortages generally go in cycles of eight to 10 years, said Cheryl Peterson of the American Nursing Association. But this particular U.S. shortage is part of larger worldwide pinch, with countries like Australia, Great Britain and Saudi Arabia competing with the United States for qualified nurses.

Linda Easterly, president of the Georgia Nursing Association, said there is concern about the consequences of stripping developing countries of their health care staffs, especially in places where nurses may be the only line of defense against dire, poverty-related health problems.

Banaag conceded there is a need for nurses in her native Philippines. But the pay in her homeland is too low and the stress level too high, she said. Where a nurse here might have seven patients to care for per shift, she said, in the Philippines the number might be as high as 20.

Nursing wasn’t an instant career choice for Banaag. “If I did nursing, it was going to help me go abroad and earn something for my family,” she said.

Efforts in the United States to recruit home-grown nurses have been moderately successful, Salmon and Easterly said. An effort to lure former nurses back into the fold has yielded some results. And hospitals in Atlanta and around the country are partnering with university programs and beefing up scholarship funds in an effort to attract young nurses.

In some cases, Salmon said, the number of nursing faculty hasn’t kept up with a wave of new students, creating another bottleneck.

But in the end, advocates say, U.S. nursing faces the same problems as other countries: too much stress, too little respect, too little pay.

”Every time there is a nursing shortage we dust off the same strategies,”

Peterson said. “We see wages rise for a short period of time, we see partnering for a short period of time. . . . All these things act to take the edge off the nursing shortage. Once that happens, all those programs begin to fade away.”

GRAPHIC: Photo: Piedmont Hospital nurse Mae Banaag changes an IV for Vincent Bishop. Enforced quotas for employment-based visas will limit the thousands of U.S. nurses provided by developing countries, including Banaag’s native Philippines. / BITA HONARVAR / Staff