

The Migration of Medical Professionals from Dictatorships to the United States of America:

Why America Resists Benefiting from the Brain Drain

On August 6, 2020, two Belarusian soundmen Kirill Galanov and Vladislav Sokolovsky were forcibly recruited by the authorities to provide auditory accompaniment for the official pro-government event in one of the capital's public parks. Not by coincidence, for the event, the authorities chose this exact site designated for the campaign rallies of the most riding high presidential candidate who left not detained by that time. Despite the rally was canceled so as not to provoke the police to arrest people, thousands of Belarusians wearing white ribbons on the wrists, a symbol of resistance against the tyranny of the dictator, gathered at the spot. All of a sudden, the peoples' attention was grabbed by the amplified sounds of the famous song "I Want Changes!" by Viktor Tsoy, the post-Soviet world's protest anthem that ever since been associated with protests ringing out at rallies and demonstrations by groups of every stripe. The song was turned on by the men who worked at the console and provided the soundtrack for the event, Kirill Galanov and Vladislav Sokolovsky. At the moment they turned the song on and by the time it was brutally shut off by the authorities, the two young men were standing with their hands raised up in the air so that everyone could notice them wearing white ribbons on their wrists. The men explained their initiative to the press by telling them that they were not left a chance to act otherwise. "At this time, a rally was planned and we were used as a stopper to take the site. This angered me, I did not want to participate in this action. It is indecent, illegal, and contrary to my beliefs. If we don't do anything now, then nothing will change" Vladislav explained. Predictably, Kirill and Vladislav were soon detained and, on the next day, convicted of committing a crime, and imprisoned.

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Unlike these two courageous men whose choice was to stay and resist, many other Belarusian citizens have been escaping the dictatorial regime and emigrating throughout the last twenty-six years of its existence. Unlike Kirill and Vladislav, my family decided to emigrate to the United States (US) to get free from systemic political brutalities, low salaries, and all-level injustice. Realizing that escape from a troubled place does not necessarily mean escape from all our life's challenges, we emigrated by own choice and without having it at a time. Eventually, living under democracy in the US, my family found itself under the conditions of professional xenophobia when foreign-trained medical professionals must overcome the rigid licensing requirements to be legitimate to make good use of their professional expertise.

One of the messages of this paper is educative as it will inform how to define and recognize dictatorship and how it abolishes fundamental rights and freedoms endangering the civil society's regulation mechanism provided by the constitution as well as exposing each individual to the consequences of dehumanization. Also, I would like to bring the audience's attention to the problem of xenophobia of medical workers who received their degrees and were trained overseas, yet are not recognized by the US authorities who created an unnecessary and extremely complicated quest for this professional cohort despite the fact of the existing scarcity of medical workers.

In his "Politics" dated 350 B.C.E., Aristotle claimed that an individual can't live without being a part of the political community because each individual is supposed to be a part of this community by nature. He uses 'logos' to refer to any being from the moral community to belong to the political community by saying: "logos is the special property of man in distinction from the other animals that he alone has a perception of good and bad and right and wrong and the

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other moral qualities, and it is a partnership in these things that makes a household and a city-state." (Aristotle) Following this logic, if anyone who has logos and therefore belongs to the political community, has this right innately acquired and determined by nature; consequently, they can't place individual needs before those of the community they belong to. "For the whole must necessarily be before the part," Aristotle says. (Aristotle) If society is a whole, then an individual is a part of this whole. In cases when it happens otherwise, autocracies arise. And when this happens, being the best of the animals when perfected, a man becomes the worst of all when separated from law and justice. (Aristotle) Even though these words were written thousands of years ago, with the current presence of dictatorial countries on the world's political map, they still correctly reflect the nature of the phenomenon of critical power imbalance like dictatorships. The modern meaning of it is quite transparent in terms of its definitive criterion, yet it turns out that the assignment of this definition to a country that carries the main features of the phenomenon of autocracy may not be as simple as it seems for several reasons. For example, some parliamentary republics that have the process of elections per se, in fact, are dictatorships because most of the power is concentrated in the hands of one person or a small group. Hence, these dictatorships deny their citizens' fundamental rights like freedoms, justice, rights, and safety provided by constitutions and declared by the Universal Declaration of Human Rights by excluding their citizens from the political community; however, they still call themselves democracies or at least claim they have all attributes of the last. So how we can objectively determine whether a country is a dictatorship or democracy, or something in between besides our perceptions of what it is?

To answer this question, we can refer to several resources that use the methodologies based on statistics, analysis of different data, questionnaires, and more. One of them is a determination of the Polity Index by professor Robert Deacon from the University of California. To rank a country's political system between democracy and dictatorship, he suggested a model that allows estimation of a country's governance style by using an evidence-based statistical approach that determines a Polity Index for the country of interest. The model implies that less inclusive (autocratic) governments will under-provide public consumption goods, environmental safety, and controls over pollution relative to more inclusive (democratic) governments. Such ranking of the countries aims to establish a relationship whether an actively promoted democratization has positive consequences on the processes of public goods provision, environmental safety, and more. Accountable factors that were later on represented as variables and incorporated into the formula include and were obtained from the following sources:

- The percent of the population having access to sanitation facilities and safe drinking water provided by the World Health Organization.
- Non-environmental public goods, roads, and public education are based on the data on paved and unpaved road mileage from the International Road Federation.
- The public education measure is derived from UNESCO.
- The lead content of gasoline, measured in grams per gallon, as an indicator of environmental policy. Lead concentrations are reported by Octel Corporation.
- The factor of ethnic fragmentation as a possible cause of disagreement over the specific features of public goods that a government should provide represented by two additional variables, a probability that two individuals randomly selected from a given country do

not belong to the same ethnolinguistic group and a degree of skewness in the income distribution.

- Inclusiveness, the fraction of the population whose preferences count in political decisions, was obtained from the Polity and Banks data. Each set was compiled separately by different organizations and, while both sources seek to describe systems of governance, their approaches are distinct.

Additionally, prof. Deacon used the data of the political attributes of countries that he derived from the Cross-National Time-Series Data Archive and the Polity IV database as an alternative approach to determine whether a country is democratic or autocratic by its political style. The calculated results were summarized in a table where the countries with a Polity Index less than 0.5 appear in the mixed or autocracy regime. It was also established that the majority of these regimes experience exceedingly low incomes and poor levels of public services and environmental protection. (Deacon)

Another approach to distinguish democracies from autocracies is to refer to the data collected by Freedom House, an independent watchdog organization that produces research, reports on, and analyses other core thematic issues related to democracy, political rights, and civil liberties. Freedom House uses a scoring approach for the determination of the liberty status of as many as 210 countries. (FH)

Based on the Polity Index, the style of governance of my native country, the Republic of Belarus, is considered as the "non-free" and strictly autocratic even though formally this country utilizes the institutions of democracy like the bicameral parliament, National Assembly as an

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addition to Presidential power, and three branches of government: legislative, executive, and judicial. According to the most recent data provided by Freedom House, the country's Global Freedom score is 19 points, the Internet Freedom has 35 points, and the Democratic score is 7 points only. The combination of these scores ranks Belarus a consolidated authoritarian regime. (FH)

As a consequence of the dictatorial form of governance in Belarus, the cult of personality, and hand-ruled economy, the majority of rights and freedoms guaranteed by the Constitution have been abolished for the non-elite cohort excluding it from the political community; in addition to these, a country's deep economic stagnation along with political repressions enforced thousands of its citizens including myself and my family to emigrate.

On a global scale, current estimates are that there are 272 million international migrants - people residing in a country other than their country of birth. (IOM) One of the top five reasons for immigrated to America is to “escape their troubled country.” (Golchin) Generally spoken, people prefer living under a democracy to living under a dictatorship. Political rights are inherently valuable and lead their bearers to better treatment by the state. Therefore, migrants seek to move to countries that are rich and democratic even though their migration policies are more restrictive compared to dictatorships. (Mirilovic) In addition to this, dictatorial regimes are more likely to have “brain drain” as result from turmoil within a nation when the percent of educated emigrants is much higher compared to those leaving their homes due to ongoing military conflicts or nature cataclysms. (Hagopian) The data provided by Census Bureau back in 2000 for immigrants born in Belarus showed that 58% of them had an associate degree or above

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including 47.6% of Belarusian emigrants with a Bachelor or higher degree. (CB) Such people emigrated from the autocracy to escape systemic political oppression, brutalities of the regime, and economic crisis.

When medical doctors and nurses immigrate to the United States (US), they encounter many challenges for foreign medical professionals to work in this country. When making immigration decisions, a healthcare worker should account numerous factors that may contribute to their well-being in the country of interest and the US in particular; however, these choices are often limited to language barriers, personal fears and biases, visa or permanent residency policies, assimilation process, and, the most important, systemic professional xenophobia. To compare the pros and cons of moving to the US from dictatorial regimes of specific professional cohorts like medical workers, the following factors should be considered: a release from political, often physical, economical oppression in the native country vs. a potential loss of professional status in the place of choice. In turn, it is often associated with the necessity of acquiring a new occupation which is always time-, money-, and effort-consuming. Although it seems apparent what a person should choose, in fact, however, this choice will always remain constrained with the question left undetermined: is escape from regime a problem-solving solution?

To restart medical practice in the US, immigrant doctors must overcome numerous hurdles, ranging from unfair state licensing requirements to rigid visa rules. (Mathema) The Migration Policy Institute reported that 263,000 immigrants have degrees in health-related fields yet do not hold positions in the healthcare system. (Osorio) These licensing requirements have not become less restrictive given the growing shortage of doctors. For example, the Association of American Medical Colleges (AAMC) projects that the United States will face a shortage of between 54,100

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and 139,000 physicians by 2033 (AAMC) with provider shortage in many areas and the most vulnerable of them like rural. (Mathema) In the US, the Global COVID-19 pandemic exaggerated multiple vulnerabilities of the health care system as well as revealed the possible solutions to ease licensing requirements for medical professionals already credentialed in other countries to practice within the US. Thus, pandemic-induced office closures and the suspension of visa services at consulates overseas severely hampered the ability of health care professionals to get medical licenses, obtain visas, and remain in status. At the same time, the increase in hospitalizations related to COVID-19 revealed a scarcity of US-licensed medical nurses, physicians, and nursing assistants. (Mathema) Nevertheless, the licensing requirements for foreign-trained doctors still create an unnecessary, time-consuming, and costly barrier when already experienced physicians must complete the same certification exams and residency requirements just like recent medical school graduates. For example, the United States Medical Licensing Examination (USMLE) is a four-step examination for medical licensure in the US designed for recent graduates and is an unfair burden for those who have been specializing for years. The fee to take the exams plus the cost of textbooks and other expenses can amount to ten thousand dollars, which many immigrant doctors may not be able to afford, especially if they have families to support. (Osorio) On top of that, there is a limited number of residency positions available. In 2016, there were 35,000 applicants for only 26,000 residency positions, and the recent American trained graduates received priority for those positions. In 2018, only 56% of the foreign-educated residency applicants were placed as compared to 94% of the American applicants. (Briskin) In 2019, over 2,800 non-citizen foreign-trained doctors who passed licensing exams were unable to find a residency. (Mathema) The age of applicants and the year

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of graduation from medical school lead the process of acceptance to residency from behind. Needless to say, the whole process of licensure is pricey and may take up to ten years to complete. Taken together, only the strongest, the most motivated, stress-resistant, preferably young, and no less important supported either or both by relatives or financially may complete this complicated pathway successfully.

My personal experience of immigration to the US with my family of two foreign-trained medical professionals perfectly fits itself in the above-described scheme. Thus far, for my family to cover basic needs and accomplish the professional goals of at least one of the spouses, there was only one visible solution that seemed to satisfy both of us. In this scenario, my spouse should provide our family's income by working at a low-paid job that requires neither a license nor a degree and, at the same time, stay focused on the validation of foreign medical credentials and preparation to take the USMLE steps. In my case, however, this same pathway might not work this exact way due to many reasons that include raising a child, housekeeping, and the potential failure to find residency for both of us that, in turn, would cancel all previous steps. Another possible yet no less complicated and even more costly way to assimilate involves acquiring a new occupation or getting another local degree. This seemed a rational solution for me, so I decided to go through the process of gaining a Bachelor's degree.

To rationalize the above-mentioned barriers, opponents claim that the US produces the best doctors in the world and believe that foreign-educated doctors are less professionally competent, so they don't want the quality of medical care to decline. Another fear is that loosening regulations will negatively affect the competitiveness of the US's medical schools. The main argument against is that Americans might be more likely to study in the countries of Europe or

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Israel because becoming a doctor would be both cheaper and faster overseas. Last yet not the least of the opponents' major points is that increase in doctors' supply in the US would lead to reduced salaries. (Sopher) Although all these arguments have a rational ground, however, none of them has been justified so far.

In the efforts to satisfy the demand for medical staff in the state of global coronavirus pandemic, the US authorities are currently loosening some of the regulations in certain cases. Thus, the governor Phil Murphy, of New Jersey, has issued the most flexible order to date, allowing temporary medical licenses to physicians who have practiced in other countries within the past five years and have at least five years' work experience overall in hospitals or clinics. The physicians do not have the USMLE to have taken. In some other states like New York, Nevada, or Massachusetts these orders are limited to reducing the residency requirements for those already passed the test. Concerns regarding these temporarily state-level executive orders have been raised among the immigrant advocates: while asking immigrant medical workers to put their lives at risk, none of them guarantees these workers a future after the pandemic passes. (Osorio) In addition to these measures, some places recruit retired doctors, nurses, and other health care workers to volunteer while other institutions temporarily speed up the process of graduation from medical schools. (Mathema) It is now apparent that because of the Global COVID-19 pandemic, some possible solutions came out of the shadow. Unfortunately, the Trump administration's ongoing push toward restrictive immigration policies is trending in the opposite direction that significantly cuts off both the opportunities of medical immigrants to practice and thus fulfill their families' needs and diminish the demand for physicians and nurses in the country. (Whyte)

To implement changes to the licensing requirements for foreign-trained medical professionals in the long-term, several models from several developed countries may be explored and put into use at least partially. For example, the Canada model only requires an estimated half of its foreign-trained doctors to get fully retrained while the other half can be rapidly certified to practice medicine by proving that they received their medical training from a list of vetted medical schools in countries such as Algeria, Nepal, Argentina, and Macedonia. (Briskin) An Approbation – the process of getting a life-time work permission as a physician in Germany - is a long process, on one hand, however, it is much more convenient and cooperative and allows an applicant to start practicing in case they have a definite job offer. In this case, a physician can start by applying for a 'Berufserlaubnis' (temporary medical license) which allows them to work as an MD under supervision while their eligibility for the Approbation is under investigation by the authorities. (Sopher)

In addition to the suggested systemic changes, existing structural intersectionality must be neglected too. Initially, the term 'intersectionality' was coined by law professor and social theorist Kimberlé Crenshaw in 1986. According to the intersectional theory, people who experience discrimination towards them are often disadvantaged not only by a single source of oppression but by a whole complex: race, class, gender identity, sexual orientation, religion, and other identity markers. Initially emerged when black feminists began to speak out about the difficulties to identify with the issues of the white-dominated feminist movement, intersectionality then expanded to more than racial identities and became crucial to social equity work. (Alemán) In the case of an immigrant medical worker, besides the fact these people are not native to the US, their age and year of graduation from medical school are the preliminary

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factors that, if combined altogether, automatically exclude these applicants from consideration. It can be assumed that nationality, race, disability, religion, and other identities along with those listed above may contribute to the process of unacceptance to the residency program. Needless to say, these differences in experiences among foreign-trained healthcare workers with different overlapping identities create additional barriers for them to achieve professional acceptance in the US.

Living under a dictatorship always means living in jail if you do not belong to a privileged cohort and therefore is excluded from the political community. Escaping from the jail to live under democracy doesn't mean a person will not be stereotyped as an immigrant less competent professionally than a non-immigrant. This way, a political outsider in the motherland becomes a professional outsider in the US by their own choice because of not having one. Going to commit the act of civil disobedience, Kirill Galanov and Vladislav Sokolovsky knew they would be detained, accused of committing a crime, imprisoned, and fired from their jobs. Escaping from the political, economic, and personal oppression, my husband and me knew that we would not be allowed to practice as medical professionals in the US straightforwardly. Nevertheless, each of us decided to act civilly, mindfully, take responsibilities of personal choices, and to continue acting towards the promotion of political, social, and personal justice.

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