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As U.S. Health-Care System Buckles under Pandemic, Immigrant & Refugee Professionals Could Represent a Critical Resource

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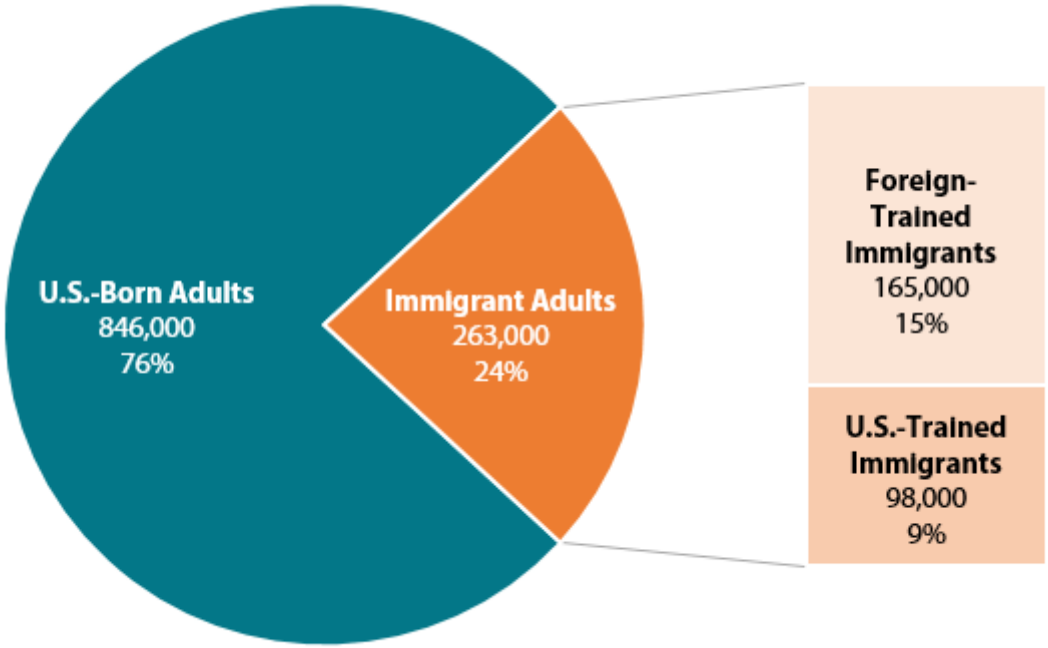
In this time of crisis when health-care workers are not only on the frontlines of fighting COVID-19 but are themselves among its primary targets, it is more essential than ever to have enough qualified professionals to meet the needs of a buckling U.S. medical system. As governors call retired physicians back into service and medical schools graduate students on an accelerated basis, another pool can be tapped: Immigrant and refugee physicians, nurses, and health-care technicians who could offer not only critical professional knowledge but also essential linguistic and cultural skills. Around the globe, a number of countries battling the virus (among them France, Colombia, Spain, Chile, and Ireland) and subnational governments (including New York State, California, New Jersey, and the province of Buenos Aires in Argentina) are actively seeking ways to engage this population.

There are 1.5 million immigrants already employed in the U.S. health-care system as doctors, registered nurses, and pharmacists. At the same time, Migration Policy Institute (MPI) analysis finds another 263,000 immigrants and refugees with undergraduate degrees in health-related fields are either relegated to low-paying jobs that require significantly less education or are out of work. Along with 846,000 U.S.-born adults whose health-related college degrees are similarly underutilized—a phenomenon MPI has long referred to as “brain waste”— these immigrants represent a potentially important source of staff for the U.S. health corps. And because these immigrants tend to be younger than their U.S.-born counterparts, they represent an important pool of responders to a disease that is particularly dangerous for those 60 and older.

Figure 1. Adults (ages 25 to 64) Whose Health-Related Undergraduate Degrees Are Not Fully Utilized, by Nativity and Place of Education, 2017



Source: Migration Policy Institute (MPI) tabulation of U.S. Census Bureau 2017 American Community Survey (ACS) data.

MPI research over the years has shown that a sizeable share of immigrant college graduates faces significant challenges in securing jobs that take full advantage of their prior education and work experience. The analyses presented here affirm that this underutilization is common among the foreign born who hold undergraduate degrees in the health-care field. What, then, are some of the most policy relevant characteristics of this population?

Place of Education

Where immigrants receive their education matters**.** Almost two-thirds (or 165,000) of all underutilized health-care immigrant workers likely obtained their health-related education outside the United States. The underemployment of these health-care professionals is in some ways not surprising: employers may be reluctant to hire workers with degrees from universities that are unfamiliar to them. Also, immigrants may lack important professional networks that connect them to employment opportunities or a sufficient level of professional English competence to get promoted. Further, their credentials may not be aligned with those required by U.S. health-care systems and licensing authorities. And it is common knowledge that obtaining U.S. licenses to work is difficult, time-consuming, and costly.

Definitions & Methodological Note

Underutilized adults are defined here as civilians between ages 25 and 64 who currently are employed in jobs that require no more than a high school diploma, are unemployed, or are not engaged in the labor force.

Immigrants refers to persons who were not U.S. citizens at birth. This population includes naturalized U.S. citizens, lawful permanent immigrants (or green-card holders), refugees and asylees, certain legal nonimmigrants (including those on student, work, or other temporary visas), and persons residing in the country without authorization. The term *U.S. born* refers to those born in the United States or abroad to at least one U.S.-citizen parent.

Foreign trained are defined here as immigrants who came to the United States at age 25 or later and who have at least a bachelor's degree (i.e., they likely obtained their degrees

Demographics

As with health-care workers overall, college-educated immigrant and U.S.-born workers stuck in jobs requiring no more than a high school degree or out of work are overwhelmingly female (roughly 80 percent). They differ, though, in their age distribution—one factor that may be important in combatting a disease that is particularly dangerous for older persons. These immigrants tend to be younger than their U.S.-born counterparts: 56 percent are between ages 25 and 44, versus 45 percent among U.S.-born underutilized health professionals.

These immigrants also have long years of U.S. residence, with 62 percent having been in the United States for more than a decade. On the one hand, many may have gained or improved their English proficiency and acquired U.S. work experience. On the other hand, many may have been outside the health-care field for years, and their skills and education may have atrophied.

Degree Field

Nursing is the most common degree held by underutilized immigrants and refugees. Approximately 118,000 immigrants with undergraduate degrees in nursing are underutilized, representing 45 percent of all immigrant-health care professionals working below their skill level or sidelined. The data analyzed here indicate that many are working in low-paying jobs such as nursing assistants, home health aides, personal care aides, or as domestic help. Another 10 percent received undergraduate degrees in pharmacy and pharmaceutical sciences, followed by 8 percent with treatment therapy and 5 percent with medical technology technician degrees.

Language Skills

Underutilized immigrant health-care professionals could provide an important linguistic and cultural resource for their own communities now, during this time of crisis, and in the future. More than two-thirds are English proficient, that is, they speak English very well or only English. They also speak a variety of languages other than English, including Spanish (17 percent), Tagalog (15 percent), Chinese (6 percent), Korean and Arabic (4 percent each), as well as Haitian, Russian, Vietnamese, Hindi, Portuguese, French, and Telugu (2 percent each).

States of Residence

More than 60 percent of underutilized immigrant health-care professionals live in traditional immigrant-receiving states. California has, by far, the largest number of such workers: 24 percent of the national total, or 60,000 workers. Other top states: Florida, 11 percent (or 29,000); Texas, 9 percent (23,000), New York, 8 percent (22,000), New Jersey, 5 percent (14,000), and Illinois, 4 percent (11,000).

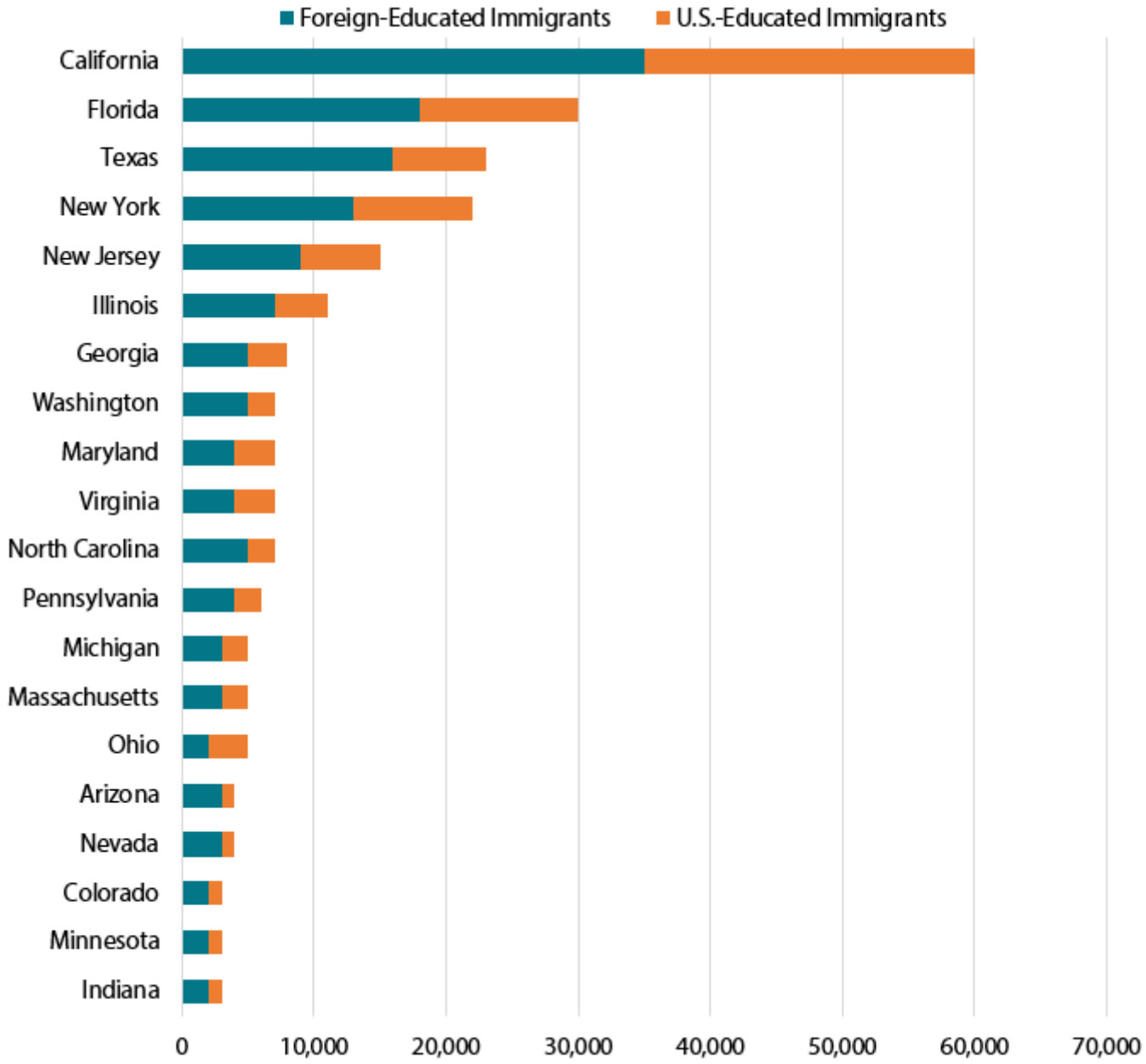
abroad), while *U.S. trained* are those who arrived before age 25 and obtained their four-year college degrees in the United States.

Methodological note: The analysis here differs from the Migration Policy Institute's earlier work on immigrant skill underutilization (also known as brain waste), in that for the purposes of examining an urgently needed talent pool that could be tapped during this crisis, it also includes college-educated immigrants of prime working age who not engaged in the labor force. Foreign-trained health-care graduates are significantly more likely to be out of the labor force than their U.S.-trained immigrant counterparts and could thus represent a substantial potential pool of workers. This analysis finds 140,000 immigrants with health-related degrees ages 25-64 are not employed and not looking for work, representing 53 percent of all 263,000 immigrants with a four-year health-care degree who are underutilized. Forty percent are employed in jobs requiring no more than a high school degree, and the remaining 7 percent are unemployed.

State Estimates of Health-Care Professional Underutilization

Find estimates of the size of the population of health-care professionals, immigrant and U.S. born alike, experiencing skill underutilization. as well as their place of education, for the top 20 states. Click here for the data.

Figure 2. Immigrant Adults (ages 25 to 64) Whose Health-Related Undergraduate Degrees Are Not Fully Utilized, by State of Residence, 2017



Source: MPI tabulation of Census Bureau 2017 ACS data.

Tapping This Talent?

Even before the COVID-19 pandemic, the skills of 263,000 immigrants and refugees with college degrees in health-related fields had not been put to the best use in the U.S. labor market. However, in a time of crisis with growing shortages of staff in hospitals, community clinics, health departments, and testing centers, many of these immigrants could be mobilized and re-employed in jobs across the health-care field.

While state governments and medical systems must remain vigilant about the quality of health-care services their residents receive, some opportunities to make adjustments to the arduous licensing process exist. States could speed up the certification process by allowing immigrant health-care professionals who pass all requirements except the final exam to work under supervision, or they could extend short-term, provisional approval for a limited set of tasks. The data presented here indicate that workers with nursing training could represent a promising target group. These nurses could be employed in assisting with testing for the virus. At minimum, these immigrant health-care professionals could be engaged in providing language and cultural assistance to overburdened health systems and frightened patients alike.

As hospital emergency rooms, community health centers, and other medical offices reel from the tremendous strain that the COVID-19 pandemic has brought, immigrant health-care professionals whose skills have not been fully utilized represent a promising candidate pool for policymakers, licensing authorities, and health-care providers to tap in a moment of national crisis.

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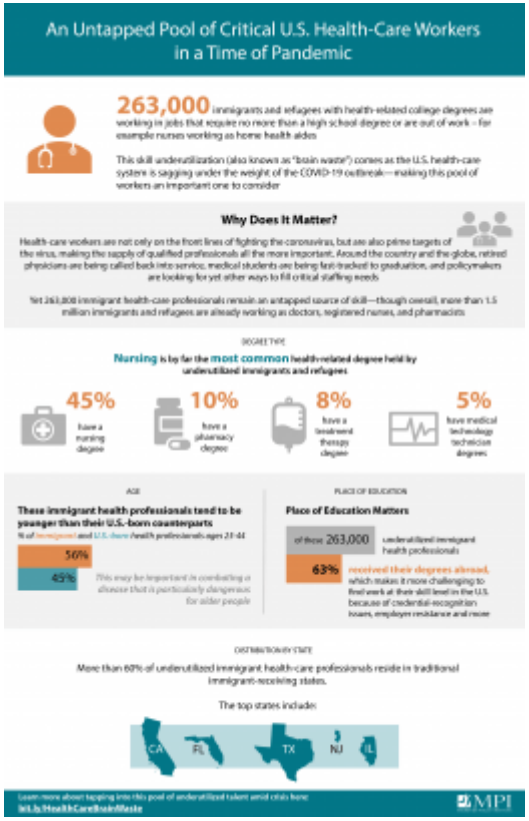

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MPI COVID-19 research

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