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LETTERS TO THE EDITOR

A Word Of Caution About Immigrant Nurses

So you believe the short-term answer to our nation's nursing shortage is for Congress to approve even more visas so even more foreign-trained nurses can be imported ("Diagnosis: Critical," Review & Outlook, Sept. 12). This may sound like a reasonable solution—however, as a registered nurse with more than 35 years of experience I would have liked it had you also reported on the 2006 nursing test answer-selling scandal that rocked the Philippines. Numerous nursing schools have been closed in both India and the Philippines because these schools were basically mills with almost no educational quality control; South Korea recently lost its NCLEX testing center privileges because answers to the NCLEX (our nation's state board exam) had been provided to several nursing students. Also, there was a document forgery scandal that British authorities identified being used by potential nurses from China and India.

It's important to cover the vital role that foreign-trained nurses play in helping to alleviate our nursing shortage. But it is also equally important that you report when others exploit this weakness.

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It's been reported in these columns and elsewhere that the dysfunctional U.S. immigration system contributes to labor shortages in agriculture. Less well-known is that low green card quotas have also left the U.S. with an undersupply of nurses that threatens patient care.

"The ageing U.S. population and low domestic production of nurses in the U.S. has created a nursing shortage that carries deadly consequences," says a new study by Stuart Anderson of the National Foundation for American Policy. "[A] shortage of nurses at U.S. hospitals is leading to increased death and illness for Americans."

Estimates of the looming shortage vary. The Bureau of Labor Statistics and Department of Health and Human Services project that more than a million new and replacement nurses will be needed over the next decade. Health analysts David Auerbach, Peter Buerhaus and Douglas Staiger cite a lower but still substantial 340,000, though even that "is three times larger than the size of the current shortage when it was at its peak in 2001." All agree that the coming retirement of 77 million baby boomers means something will have to give.

Wage increases in recent years have attracted more people to nursing. In California, annual average salaries for full-time registered nurses grew to \$69,000 in 2006 from \$52,000 in 2000, a 32% gain. According to the Bureau of Labor Statistics, the nationwide mean salary for registered nurses today is nearly \$60,000. Better pay alone, however, won't solve the problem, or at least not anytime soon.

Despite more interest in the profession, faculty shortages and inadequate facilities have prevented nursing programs from expanding enrollment. More than 70% of schools responding to a 2006 American Association of College Nursing survey listed faculty shortages as a reason for not accepting all qualified applicants. In 2005 nursing schools rejected 147,000 qualified applicants, citing lack of classroom space and clinical placement sites for students.

When growers can't find field hands, food rots and businesses lose money. But when hospitals can't find nurses, patient care suffers. "The effectiveness of nurse surveillance is influenced by the number of registered nurses available to assess patients on an ongoing basis," concluded a 2002 Journal of the American Medical Association study. The study -- which looked at general, orthopedic and vascular surgery patients at hospitals -- found a 31% increase in patient mortality when a nurse's workload rose to eight from four patients.

"Given that even optimistic projections of raising wages and increasing domestic nurse production assumes a continued shortage of a decade or more," writes Mr. Anderson, "policymakers concerned about the impact of the nursing shortage on patient deaths and illnesses must consider relaxing current immigration quotas."

The long-term solution here is to increase nursing faculty and teaching facilities. But in the short run, Congress could help enormously by easing the limit on foreign nurses allowed entry to the U.S. That's what lawmakers did in 2005 when they allocated 50,000 extra green cards with a priority for foreign nurses. They were used up in 18 months. About 4% of U.S. registered nurses are foreign-trained, which means many hospitals couldn't function without them.

More such green cards are needed now, before hospital understaffing contributes to more preventable illness and death.

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