

US immigration bars Canadian nurses employed at Michigan hospitals

By Shannon Jones
18 March 2017

At least 30 Canadian nurses working at US hospitals in the state of Michigan were told last week that they could not enter the country because of changes to immigration policies under the Trump administration.

According to a CBC report, Canadian nurses employed at Detroit's Henry Ford Hospital were not able to renew their working visas. Immigration officials told one Canadian nurse new hire that advance practice nurses and nurse anesthetists no longer qualify for working visas because of the changes. All Canadian nurses employed in the US have non-immigrant North American Free Trade Agreement (NAFTA) professional (TN) visas.

The nurses are being told by US immigration that they no longer qualify under the NAFTA TN category and that they must apply for H1B visas status, a more specialized category. Those applications can cost \$3,000-4,000.

According to the CBC, some 30,000-40,000 Canadians work in the US under TN visas, which allow experts in certain fields a more expedited visa as long as they have a job offer.

Kathy Macki, the human resource director at Henry Ford Health Systems, reported at a press conference Thursday that 30 nurses have been affected so far by the changes. Hospital officials say they are working with the nurses to facilitate their being able to continue on the job in the US.

To apply for H1B status, Henry Ford would have to apply for expedited status, which could take up to three weeks.

Henry Ford hospital alone has hundreds of Canadian nationals on its staff and about 25 advanced nurse practitioners and nurse anesthetists.

Mark Topoleski, an immigration lawyer employed by Henry Ford Hospital, told the CBC "We really question

the motives. All the immigration executive orders and all the things being rolled out have been focused on national security first, and this is clearly not an issue of national security whatsoever. Livelihoods are at stake."

US immigration officials say that they are suspending their fast track-program for processing H1B visas as of April 3. Applications for work visas typically take six months or longer. The suspension of premium H1B processing could last six months or longer and is in line with the virulently anti-immigrant stance of the Trump administration, which includes the recent travel ban on immigrants from six Muslim-majority countries. The courts have blocked that ban, at least temporarily.

At the Thursday press conference Topoleski said, "It will have a drastic impact on Henry Ford's ability to provide patient care. This change in policy was not announced and has yet to be put out in any written format, so we really don't understand the rationale behind this policy change." He said he had also heard reports of a case involving a Canadian nurse working in Washington state.

At the same press conference, Patti Kunkel, a Canadian nurse practitioner who commutes daily from Ontario to work in Henry Ford's cardiac surgery acute care unit, said she was anxious. "I worry I'll be turned away at the border. This puts stress not only on me but on my team. We have high-acuity patients, and there's a critical shortage of staff." Kunkel has practiced nursing in Michigan under terms of NAFTA since 2000.

H1B visas last for three years and can be renewed for another three years. There were an average of 140,000 H1B visas issued annually between 2006 and 2015. There are no official statistics on the number of people working on H1B visas, but the number is said to be close to 1 million.

TN visas give certain Canadian professionals, such as nurses, the right to work in the US with little paperwork and unlimited renewals. Mexican nationals also qualify for TN visas under NAFTA, but must apply for a visa at a US embassy or consulate first.

In a statement issued Thursday, Customs and Border Protection public affairs officer Kris Grogan claimed there had been no change in policy relating to TN status.

The move to restrict work visas for nurses comes as the United States continues in the throes of a nursing shortage that promises to get worse as the population ages. There are some 3 million nurses in the US and nurses comprise the largest sector of the health care workforce.

According to a report in the *Atlantic*, a large portion of the US nursing workforce is over the age of 50 and 700,000 are expected to retire by 2024. According to the US Bureau of Labor Statistics, 1.2 million vacancies will open for registered nurses between 2014 and 2022, creating a shortage as large as any experienced in the US since the enactment of Medicare and Medicaid.

At the same time the supply of trained nurses is not keeping pace due to the chronic underfunding of the US education system. According to the American Association of Colleges of Nursing, “U.S. nursing schools turned away 79,659 qualified applicants in 2012 due to insufficient number of faculty, clinical sites, classroom space, clinical preceptors, and budget constraints.”

An amicus curiae brief filed by the American Civil Liberties Union in relation to a lawsuit directed against the Trump administration’s travel ban calls foreign-born health care providers a “critical pillar of American health-care infrastructure.” According to the brief, some 28 percent of physicians in the US are immigrants, as are 15 percent of registered nurses and nearly 21 percent of direct-care workers. These include home health aides and personal-care assistants. The brief also notes “immigrant doctors and health-care workers are especially concentrated in medically underserved areas such as poor and rural communities.”

Lack of trained nurses can lead to the reduction of the number of hospital beds or to overwork of nursing staff. According to the *Atlantic*, “Overworking leads to

fatigue and burnout, which threatens the quality of care and increases the incidence of error. Past research has found links between insufficient nursing staff and higher rates of hospital readmission and patient mortality.”

There is a high turnover rate in the nursing field related to stress. According to the Journal *Nursing Economics*, some 30 to 50 percent of new registered nurses change jobs or leave the field within the first three years of clinical practice.

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