

**The Impact of Emigration on the Christian Health Care System**  
**Dr Kapoor, CMC Hospital, Ludhiana, India**  
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The following text is an extract from Dr Kapoor's talk and PowerPoint presentation to the Global Connections Healthcare Forum on 11<sup>th</sup> May 2006. The full PowerPoint, with graphs, is available to members of the Healthcare forum on request.

**1. INTRODUCTION.**

The map below shows the various States of India. Throughout the whole of India there are 229 Medical Colleges, of which 3 are Christian based. However the 6 southern States have 142 Medical Colleges, or 62% of the total.



The retention of trained and experience staff within the Indian Health Care system is an important and pressing issues.

a) **Situation of Migrant Workers:** There were nearly 200 million international migrants throughout the world in 2005, including 9.2 million refugees. So 1 in 35 people is an international migrant or 3% of the world's population. Almost half the world's international migrants are women (48.6%)

**Where are the migrants?**

- 56.1 million in Europe
- 49.9 million in Asia
- 40.8 million in North America
- 16.3 million in Africa
- 5.9 million in Latin America
- 5.8 million in Australia

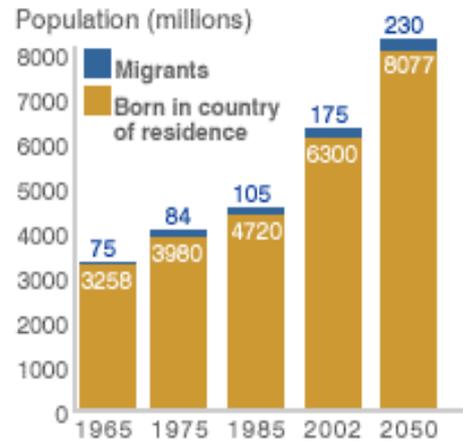
**Which are the most important host countries?**

USA, the Russian Federation, Germany, Ukraine

**Which are the most important origin countries?**

The Chinese, Indian and Filipino diasporas

**World's foreign-born population**



b) **Consequences of Migration for Source Countries**

Some Costs to Source Countries

- "Brain drain": loss of potential leaders and innovators can undermine the home economy's dynamism and growth potential, and even its social cohesion
- Deprivation of tax revenue
- Social costs

Some Benefits to Source Countries

- Remittances: earnings that the emigrant workers send back to families and friends at home
- Partial diffusion of social tensions
- Benefits drawn from the social and business networks

So it can be seen that there are both benefits and costs to the source countries. This paper will mainly look at the issue of the "brain drain" and its effect of Christian hospitals and Health Care facilities.

**2. THE BRAIN DRAIN**

a) **History of Medical Missions.** From the early days of general missionary work, mission hospitals and Christian Medical Schools/Hospitals were established. Usually doctors accompanied the missionary. There was a needs-based evolution due to:

- Absence of good health care facilities
- Religious customs
- Poverty
- Degradation of women and purdah system

So mission hospitals came into existence. The work initially evolved with evangelism and because of the intensity and volume of the problem, these became tools for mission. It eventually evolved into a vital part of the overall Christian Ministry.

Eventually medical missions became entities of their own. At one stage, every third hospital bed in India was a Christian bed. It was a necessity for India. The Christian Health Care system cared for the soul and the body, leading to total care.

As the numbers of mission hospitals increased, so the need for trained manpower increased. So Mission Teaching Hospitals were also established leading to Christian Medical Schools such as CMC Ludhiana.

**b) What has happened and what is its impact.** The early proclamation of the Gospel instilled a zeal for medical mission. However in came professionalism and modernization. Zeal changed into trying to achieve and maintain medical standards. Teaching of the gospel sidetracked and there was a decrease in number of men and women who could relate to the missionary zeal. This was one cause of brain drain within the Christian sector, although there are many others.

The result is that:

- Many hospitals have closed.
- Some others are not performing well
- Some hospitals have very limited staff
- Recruitment is difficult

**c) Where, when and why do they go.** Christian Medical Colleges and Mission Hospitals do not only lose staff overseas, but also within India itself.

People leave at various times

- After MBBS
- After post-graduation
- After joining CMC or a Mission Hospital as a consultant

They also leave for various reasons including:

- For academic pursuit
- To acquire advanced knowledge
- For economic prosperity
- To enhance social standing For easy job opportunity
- Craze for foreign land
- Due to local politics

However many still want to serve humanity. It should not be assumed that because they leave, their reasons are bad ones. Many ask and think, "What are my goals", "Can I be more useful than I think? I am not sure"

### 3. INFORMAL SURVEY

If one is to engage with the topic sensibly, we need clear data as to why people move. Dr Kapoor therefore conducted an informal survey aimed at interns, registrars and junior consultants.

#### a) Three main questions asked and sample answers

Where would you like to work after your service commitments?

- Like to work in a mission hospital - but won't
- Hospitals are in a poor shape
- Lots of politics
- Salaries are low
- Facilities are poor
- Working conditions are not good

What sort of nurturing have you received from your sponsors during your studies?

- Twice in a year; when CMCH's board meet
- Communal meeting
- No agendas

Is there personal nurturing by the hospital or the sponsoring body?

- In CMCH - yes
- Not by sponsoring agencies
- EHA does ask students for summer placements
- Very few students participate
- Not mandatory
- No newsletters or literature sent out
- No spiritual mentoring done
- No role models

#### b) Vital Issues

'My salary is not enough' was a pivotal point and related to:

- Comparison
- Sustainability of the family
- Loans taken to study
- Lifestyle

I don't need to be poor and wear ordinary clothes to do charity

A "healthy hospital" can achieve a sensible level of salary! Everyone else is doing it.

Maybe there is a reason. Let me do it too

- Reasonable
- Capacity to think
- Goals
- Purpose in becoming a health professional

## 4. SOLUTION

### a) Christian Medical Schools and Colleges:

#### Admission policy

- Identify the correct candidates

#### Nurture them throughout their studies

- Reasoning
- Capacity to think
- Goals
- Purpose in becoming a health professional
- Involve them in community work while they study

#### Networking

- Strength in unity
- Policies are relevant
- Students view the structured organisation as pillars of strength

#### Establish Guidelines

- Role of sponsoring (beneficiary agencies)

### b) Christian Mission Hospitals:

Issues to be addressed include:

- Christian Leadership
- A national body to guide and foster missionary zeal
- Student orientation and fellowship programmes
- Redefine missions
- Relocate failing units - research needed
- Outreach
- Local problems
- Social problems
- Specialised services such as hospice, rehab, infectious diseases, which a private entrepreneur is not keen to set up
- Interactive and caring atmosphere
- Family security
- Good working atmosphere
- Modern managerial skills
- Interactive fellowship

### c) Lessons from EHA in India:

- We strive to transform people and fellowships
- Our model is servant leadership
- We value team work
- We exist for others, especially the poor and marginalised
- We strive for the highest possible quality in all our services

Dr Rajeev Kapoor, CMC Hospital, Ludhiana

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