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1AC

1AC – Inherency

Contention One: The Status Quo

United States has large demand for foreign nurses but visa policy isn’t being expanded to meet it

Beirne 9 (Balita Online Edition, James G. Beirne, Immigration Lawyer, [http://www.balita.com/index.php?option=com\_content&view=article&id=758:-special- immigrant-visas-for-nurses&catid=27:immigration&Itemid=44](http://www.balita.com/index.php?option=com_content&view=article&id=758:-special-immigrant-visas-for-nurses&catid=27:immigration&Itemid=44)) (DLS)

Early this week, two Filipino tourists who are registered nurses in the Philippines inquired if they can be sponsored by an employer and work here under the H-1B visa program, since there is an acute need for medical workers, in particular, RNs, in the U.S. It is true that there is a big demand for health workers simply because there are not enough medical workers to fill up these positions. Even with the rising number of schools, hospitals and other medical facilities, the U.S. keeps recruiting medical workers and is in fact even hiring health professionals from other countries, including the Philippines. Despite the need however, nurses and other medical professionals are not considered “specialty occupations” as I had described last week.  Specialty occupations are the prerequisite for an H-1B visa, which means that there should be an underlying uniqueness in the occupation that allows foreigners to fill these positions. You don’t need to be a linguist to perform your duties as a nurse. You don’t have to learn special unique skills in this job category. On the contrary, the medical profession is universal. Thus, it doesn’t qualify as an H-1B profession. (For more information, please visit www.balita.com and click on Atty. James G. Beirne on immigration.) But what’s special with medical workers – in this case the Filipino nurses – is that there seems to be a wide acceptance of these health workers from the Philippines in most U.S. hospitals. Not only are they getting paid handsomely, Filipinos here in the U.S. and especially in the Philippines have been looking to become nurses if not urging their sons and daughters to become one. And who would’ve thought that some doctors in the Philippines would even go back to medical school to become a nurse? (Unfortunately, unlike nurses, Filipino doctors can’t just come here and work as doctors. U.S. doctors have very restrictive rules that prevent the entry of foreign doctors.) Be that as it may, the “special” immigrant visa for nurses and physical therapists called Schedule A that allowed them to come to the U.S. has quickly been used up – 50,000 immigrant visas in all.  In May 2005, Schedule A visas were mandated by Congress because of the nursing shortage by allocating unused immigrant visas from 2001-2004. That law provided for the exemption of nurses and physical therapists who could be employed without going through what used to be a laborious labor certification process. Many Filipino nurses took advantage of this special immigrant visa and many of them arrived straight from the Philippines and were able to get their immigrant visas in a short time. It was in January 2007 when the remaining number of these visas was made available. Even then, the priority date for Schedule A workers was June 15, 2004. Since then, **there** have been no congressional actions to reinstate the Schedule A in spite of the need for medical workers and lobbying from the health industry. Thus, all nurses and physical therapists have since been subject to immigrant visa quotas under the Employment-Based Third Preference (EB3) category. And unfortunately, at this time, this category has been oversubscribed and remains unavailable for Filipinos and other countries.

1AC – Health Care 1/

Contention Two: Health Care

Current visa policy precludes foreign workers from filling the nursing shortage

Erickson 9 (Jerry Erickson, “A Cure for the Nursing Shortage,” http://www.homesnursing.com/index.php/nursing-services/cure-nursing-shortage/)

As the baby boomer population slides into its mid-60s and the growth of the U.S. population outpaces projections, the resources of our health care industry are becoming increasingly strained. Federal experts forecast that the nursing shortage will grow to 275,000 by 2010 and to 1 million in the following decade. This shortage is not solely linked to a lack of interest in nursing, but also the lack of instructors to

teach the necessary skills to become a nurse. These statistics should come as no surprise. Studies discussing the baby boomer burden on nursing were published as early as 2000 in the Journal of the American Medical Association. To ease the shortage of nurses in the U.S., hospitals and nonprofit groups are turning to innovative recruitment and retention programs for nurses. Locally, Potomac Hospital in Woodbridge offers full scholarships to area nursing students who agree to work for the hospital after graduation. INOVA Fairfax Hospital sponsors a children’s summer camp to promote interest in the nursing field and has created programs to improve the overall quality of life for nurse employees. The NVHCWA works to implement programs that recruit and retain health care professionals, including promoting careers in health care to middle school-, high school- and college-age students. These programs and other education initiatives should help cultivate more American-born nurses in the long run, but a change in immigration regulations would ease the more acute nursing shortage that has been predicted. **Under current immigration laws, it’s difficult for U.S. hospitals to turn to the international nursing population to fill the shortage.** The most recent “relief” offered in response to the nursing shortage was the Nursing Relief for Disadvantaged Areas Reauthorization Act of 2005. The 2005 Act expires in December 2009. Under the Act**, a nurse can only qualify for an H-1C non-immigrant visa if he or she is going to work for one of the 14 qualified sponsor hospitals**, none of which are in the Northern Virginia area. **Other types of visas for nurses are extremely limited as well. With the expiration of the 2005 Act coming later this year, a proposal for immigration relief has yet to be considered. Additionally, the Obama administration has made it clear that health care reform is a key agenda item. In order for health care reform to even be viable, an increased medical work force will be required. So relaxing the restrictive immigration rules for foreign nurses will accomplish more than one goal. Not only would this help to relieve the nursing shortage and provide care to those in need under our current health care system, but it would also set the groundwork for the much-needed reform in the health care industry. And as a practical matter, foreign nurses create a more diverse nursing workforce, where multi-cultural and multi-lingual skills have proven necessary and are invaluable.**

Nursing shortage threatens the entirety of the United States health care system

Kaplan 10 (Mitchell A., PhD, The Hispanic Outlook in Higher Education, 20(17))

As more and more frontline nursing staff elect to leave the profession either for retirement or to enter other careers, experts in the field nursing education predict that this staffing shortfall will create many serious challenges for the future of the health care system with regard to the delivery of services to our nation's 78 million aging baby boomers. As the nationwide shortage continues to escalate, new data cited in research by Buerhaus, [Staiger] and Auerbach (2008) clearly suggest that the nursing crisis is far from over in our country. Findings summarized in their report titled The Future of the Nursing Workforce in the United States: Data Trends and Implications predict that as the rate of demand for health care services continues to exceed the future supply of qualified nursing professionals, nursing education programs are going to be increasingly challenged to develop creative strategic incentives that will inspire students enrolled at colleges and universities across the country to enter the nursing profession.

1AC – Health Care 2/

Nurse shortage affects the mortality rate of patients which plays the largest role in determining quality of care

Kaplan 10 (Mitchell A., PhD, The Hispanic Outlook in Higher Education, 20(17))

It is well documented in the literature that the national shortage of nursing professionals in the United States is having some serious consequences for our nation's health care system. Highlights from a number of published studies by government health care agencies provide substantial evidence that the undersupply of nurses is having a profound negative impact upon the provider services patients receive in our country's hospitals and other health care facilities.

Research shows that the national shortfall of nurses at our most heavily utilized health care institutions is placing the lives of our most vulnerable patients in extreme jeopardy. Findings from a University of Pennsylvania study published in the Journal of the American Medical Association in 2002 revealed that patients who had common surgical procedures at hospitals with the lowest nursing staff levels had a 31 percent greater mortality rate compared to those who received care at hospitals with more adequate levels of nursing staff. Findings further suggest strong connections between nursing workload and the increased risk of surgical death. The data revealed that for each patient added to an average nurse's daily workload, the risk of fatality in surgical patient increased by an average of 7 percent. Researchers on the study concluded that the failure to retain nurses on hospital staffs is one of the primary contributors to avoidable patient deaths.

Similar findings were reported in studies conducted by the Agency for Health Care Research and Quality in 2004. The data revealed that hospitals with low levels of nurse staffing tended to have higher rates of poor patient outcomes such as pneumonia, shock, cardiac arrest and urinary tract infections compared to those with higher levels of nurse staffing. Published findings reported in an article in the fall 2005 issue of Nursing Economics revealed that 93 percent of the registered nurses working at understaffed health care facilities across the country felt they did not have enough time during the day to devote to hands-on patient care. The data also indicated that 79 percent of the registered nurses and 68 percent of the chief nursing officers strongly believed that the nursing shortage is to blame for the decline of the overall quality of care that patients receive at our nation's health care institutions.

1AC – Health Care 3/

The impact is real – one American dies every 12 minutes due to lack of access to quality care

Heavey 9(Susan Heavey, Health Reporter, “Study links 45,000 U.S. Deaths to Lack of Insurance” <http://www.reuters.com/article/idUSTRE58G6W520090917>, Sept 17, 2009)

(Reuters) - Nearly 45,000 people die in the United States each year -- one every 12 minutes -- in large part because they lack health insurance and can not get good care, Harvard Medical School researchers found in an analysis released on Thursday "We're losing more Americans every day because of inaction ... than drunk driving and homicide combined," Dr. David Himmelstein, a co-author of the study and an associate professor of medicine at Harvard, said in an interview with Reuters. Overall, researchers said American adults age 64 and younger who lack health insurance have a 40 percent higher risk of death than those who have coverage. The findings come amid a fierce debate over Democrats' efforts to reform the nation's $2.5 trillion U.S. healthcare industry by expanding coverage and reducing healthcare costs. President Barack Obama's has made the overhaul a top domestic policy priority, but his plan has been besieged by critics and slowed by intense political battles in Congress, with the insurance and healthcare industries fighting some parts of the plan. The Harvard study, funded by a federal research grant, was published in the online edition of the American Journal of Public Health. It was released by Physicians for a National Health Program, which favors government-backed or "single-payer" health insurance. A similar study in 1993 found those without insurance had a 25 percent greater risk of death, according to the Harvard group. The Institute of Medicine later used that data ints 2002 estimate showing about 18,000 people a year died because they lacked coverage. Part of the increased risk now is due to the growing ranks of the uninsured, Himmelstein said. Roughly 46.3 million people in the United States lacked coverage in 2008, the U.S. Census Bureau reported last week, up from 45.7 million in 2007. Another factor is that there are fewer places for the uninsured to get good care. Public hospitals and clinics are shuttering or scaling back across the country in cities like New Orleans, Detroit and others, he said. Study co-author Dr. Steffie Woolhandler said the findings show that without proper care, uninsured people are more likely to die from complications associated with preventable diseases such as diabetes and heart disease. Some critics called the study flawed. The National Center for Policy Analysis, a Washington think tank that backs a free-market approach to health care, said researchers overstated the death risk and did not track how long subjects were uninsured. Woolhandler said that while Physicians for a National Health Program supports government-backed coverage, the Harvard study's six researchers closely followed the methodology used in the 1993 study conducted by researchers in the federal government as well as the University of Rochester in New York. The Harvard researchers analyzed data on about 9,000 patients tracked by the U.S. Centers for Disease Control and Prevention's National Center for Health Statistics through the year 2000. They excluded older Americans because those aged 65 or older are covered by the U.S. Medicare insurance program. "For any doctor ... it's completely a no-brainer that people who can't get health care are going to die more from the kinds of things that health care is supposed to prevent," said Woolhandler, a professor of medicine at Harvard and a primary care physician in Cambridge, Massachusetts.

The nursing shortage threatens destabilizing the entire economy – health care is a critical employment sector and affects the whole country

Uy 8 (Veronica Uy, Reporter for the Inquirer, “Why nursing shortage key to US economy,” http://www.krciloilo.com/news)

The nursing shortage in the United States is so critical that the Ombudsman for Citizenship and Immigration Services (CIS) of the Department of Homeland Security (DHS) has recommended the facilitation of the migration process of foreign nurses there. A report on the situation said the US economy, considered to be in recession, depended a lot on the operation of hospitals. "Hospitals are one of the largest private sector employers, hiring more than five million people and stimulating economic productivity," it said. Citing a study by the American Hospital Association, the DHS's Ombudsman for CIS said hospitals supported one of every 10 jobs in the US and $1.9 trillion of economic activity. And registered nurses, who held 2.5 million jobs in 2006, are employed mostly in hospitals; others are employed in public health and long-term care facilities. A nurse recruiter told the CIS Ombudsman that every time the vacancy rate for registered nurses went up one percent, a hospital could lose as much as $300,000. The AHA said the impact of hospitals on US health care and economy could be best described by these figures: Every year, 35 million are admitted in hospitals, 118 million admitted in emergency rooms, 4 million babies delivered, and over 481 million outpatients treated.

1AC – Health Care 4/

Nurses are vital to the success of Obama’s health care reform package

ANA 9 (“STATEMENT of the AMERICAN NURSES ASSOCIATION to the United States Senate Committee on Finance regarding WORKFORCE ISSUES IN HEALTH CARE REFORM: ASSESSING THE PRESENT AND PREPARING FOR THE FUTURE” MARCH 12, 2009 http://www.nursingworld.org/workforcehearing.aspx)

There are a wide variety of ideas currently circulating on health care reform, but all include a focus on prevention and screening, health education, cultural competency, chronic disease management, coordination of care and the provision of community-based primary care. These are precisely the professional services and skills that registered nurses bring to patient care. As the largest single group of clinical health care professionals within the health system, licensed registered nurses are educated and practice within a holistic framework that views the individual, family and community as an interconnected system that can keep us well and help us heal. Registered nurses are fundamental to the critical shift needed in health services delivery, with the goal of transforming the current “sick care” system into a true “health care” system. RNs are the backbone of hospitals, community clinics, school health programs, home health and long-term care programs, and serve patients in many other roles and settings. Advanced Practice Nurses, in particular Nurse Practitioners and Nurse Midwives are proven providers of high-quality, cost effective primary care. The support, development and deployment of this keystone profession is essential for any quality health reform plan to succeed.

Health care key to solve deficit reduction, financial security, unemployment, and debt

Davis 10 (Karen, President, The Commonwealth Fund, http://healthcare.nationaljournal.com/2010/01/reducing-the-uninsured-take-ii.php#1409095, 1/28)g

Nearly every American, insured or uninsured, stands to gain if health reform succeeds, because health reform isn’t only about health care—passing health reform is critical to economic recovery, deficit reduction, and financial security for American families. Lately, many positive aspects of the health reform legislation have been obscured – changes to our current system that would help make affordable and comprehensive health care a reality for all Americans. Both the House and Senate bills: Cover over 30 million uninsured—who now fail to get the care they need; prohibit turning away anyone from insurance; eliminate artificial limits on covered expenses; establish a standard for essential comprehensive benefits applicable to all plans; improve 24/7 access to doctors and nurses; and provide the information necessary to ensure the best care for patients. \* Help families making less than about $90,000 a year and who don’t have employer insurance pay their premiums; offer coverage under Medicaid for families with incomes under about $30,000; and set a ceiling on family out-of-pocket medical expenses. \* Lower premiums and improve benefits, especially for those buying insurance on their own and employees of small firms; provide tax credits for small businesses. \* Launch an intensive effort to develop and implement innovations to transform health care delivery to improve quality, prevention, and control of chronic conditions, while eliminating waste, duplication, and need for costly hospitalization; and reducing insurance waste and overhead. \* Help ensure Medicare’s fiscal solvency while improving prescription drug benefits for beneficiaries and helping pay for home and long-term care for tomorrow’s disabled. \* Enable these reforms while reducing the federal budget deficit and middle-class family expenses. These changes would represent a tremendous turnaround for American families and businesses who simply cannot keep up with health care costs that increase significantly each and every year. These affordability provisions offer security to anyone at risk of losing their job or health insurance coverage. We cannot continue on our current path. Americans are suffering, and even dying, without the care they need; middle-class families with jobs and coverage are struggling to pay their increasingly high share of premiums and uncovered medical expenses; medical debt is the leading cause of bankruptcy in the United States; 72 million working aged adults have trouble with medical bills or have accumulated medical debts; and rising health care costs force employers to make decisions between hiring, paying higher wages, and providing adequate health insurance to employees. We will not have the strong economy, healthy population, and vibrant labor market we need without health reform. The health reform legislation on the table is about addressing the problems we all face—and we cannot let the opportunity to improve our lives and our livelihoods slip by.

1AC – Health Care 5/

Further economic decline causes a nuclear world war 3

O'Donnell, **2009** Baltimore Republican Examiner writer and Marine Corps Reserve squad leader, 9

[Sean, 2-26-2009, The Baltimore Republican Examiner, "Will this recession lead to World War III?," http://www.examiner.com/x- 3108-Baltimore-Republican- Examiner~y2009m2d26-Will-this- recession-lead-to-World-War- III]

Could the current economic crisis affecting this country and the world lead to another world war? The answer may be found by looking back in history. One of the causes of World War I was the economic rivalry that existed between the nations of Europe. In the 19th century France and Great Britain became wealthy through colonialism and the control of foreign resources. This forced other up-and-coming nations (such as Germany) to be more competitive in world trade which led to rivalries and ultimately, to war. After the Great Depression ruined the economies of Europe in the 1930s, fascist movements arose to seek economic and social control. From there fanatics like Hitler and Mussolini took over Germany and Italy and led them both into World War II. With most of North America and Western Europe currently experiencing a recession, will competition for resources and economic rivalries with the Middle East, Asia, or South American cause another world war? Add in nuclear weapons and Islamic fundamentalism and things look even worse. Hopefully the economy gets better before it gets worse and the terrifying possibility of World War III is averted. However sometimes history repeats itself.

Domestic based solutions are insufficient – foreign nurses are key to any health care reform

Ebner 10 (Amanda L., PhD Candidate, Nursing Economics, 28(3), p.193)

Nursing shortages reflect multiple barriers to entry to the profession, including the cost of education, low enrollments in nursing schools, a shortage of nursing faculty available to train future nursing professionals, and the overburdening of nurses in hospitals with shrinking budgets, coupled with the reality of an aging and increasingly unhealthy population (Marquez, 2006). A sharp increase in nurses' earnings and employment in 2002 signaled to some the end of a 12-year nursing shortage; however, the FY 2011 AACN request memo argues this "easing" was more a byproduct of the recession than a secular trend (Begeny, 2010; Buerhaus, Staiger, & Auerbach, 2003).

However disputed, the impact of the health care reform bills on nurse staffing and training needs cannot be underestimated. The bill is set to increase the demand for registered nurses and APRNs 22% (a spike of 581,000 new positions) by 2018 (Begeny, 2010). Moreover, 75% of nursing schools reported a shortage of nursing faculty as the number one limiting factor in their admissions, which resulted in over 50,000 qualified applicants being turned away (AACN, 2009). If supply cannot meet demand, the expansive potential of health care reform may vanish into a void left by a shortage of both qualified nurses and the faculty to train them. What can be done?

1AC – Rapid Response 1/

Contention Two: Rapid Response

Low reserves of nurses will jeopardize response and recovery time post disaster

ANSR 10 (Americans for Nursing Shortage Relief, http://www.nbna.org/index.php?option=com\_content&view=article&id=108:americans-for-nursing-shortage-relief&catid=34:briefing-papers&Itemid=55)

The National Center for Health Workforce Analysis at the Bureau of Health Professions housed within HRSA reports that **the nursing shortage makes it challenging for the health care sector to meet** current service **needs**. **The** distinct **possibility that our nation may** soon **face a pandemic or other natural or man-made disaster of significant proportions highlights the nursing shortage as a major concern and an essential part of national preparedness dialogue and action.** This threat is exacerbated by the reality of today’s health care facilities capacity problems. **Given that current health care staff levels are insufficient on a day-to-day basis, this problem would be compounded during a regional or national emergency that results in an influx of patients to hospitals.** The current public health infrastructure will be further stretched by the health issues of the aging baby boom generation. Conditions such as obesity, heart disease, Alzheimer’s and cancer will further stretch the nation’s limited health care resources.A December 2006 report published by the Trust for America’s Health called "Ready or Not?" contains state-by-state health preparedness scores based on ten key indicators to assess health emergency preparedness capabilities. One of the key indicators in this assessment was state nurse workforce capacity. Forty states were found to have a shortage. **These nurse workforce shortages have a significant adverse impact on the ability of a state or locality to respond to a regional disaster. It clearly indicates that in the event of a national health emergency such as pandemic flu, the shortage of nursing services will pose a serious threat to public health** in some areas of the country.

Nursing shortages devastate pandemic and bioterror preparedness

ANSR 9 (Americans for Nursing Shortage Relief, <http://www.astdn.org/downloadablefiles/2009%20ANSR%20CD.pdf>)

An Institute of Medicine report notes that nursing shortages in U.S. hospitals continue to disrupt hospitals operations and are detrimental to patient/client care and safety. Hospitals and other healthcare facilities across the country are vulnerable to mass casualty incidents themselves and/or in emergency and disaster preparedness situations. As in the public health sector, a mass casualty incident occurs as a result of an event where sudden and high patient/client volume exceeds the facilities/sites resources. Such events may include the more commonly realized multi-car pile ups, train crashes, hazardous material exposure in a building or within a community, high occupancy catastrophic fires, or the extraordinary events such as pandemics, weather-related disasters, and intentional catastrophic acts of violence.Since 80% of disaster victims present at the emergency department, nurses as first receivers are an important aspect of the public health system as well as the healthcare system in general. The nursing shortage has a significant adverse impact on the ability of communities to respond to health emergencies, including natural, technological and manmade hazards.

1AC – Rapid Response 2/

Nurses are a corner stone of any disease/bioterror preparedness measure – they are critical disease surveyors and first responders

Akins 5 (Ralista B. Akins, M.D., Texas A&M, Disaster Management & Response 3(4)  
October-December 2005)BCW

**Public health nurses are central to** the public health system and to **bioterrorism surveillance**, which was evidenced **by their ability to navigate through a system that lacked clear boundaries, definitions, or expectations for their performance**. Coming from different backgrounds, often without prior public health experience or training, the public health nurses managed to carry a variety of responsibilities while continuing their community service. **The nurses emerged as a** fragily balanced, but **critical and committed component of the public health system, and disease surveillance, in particular.** Our data suggest that the **nurses created informal partnerships to augment and support the formal information flow pathways needed to maintain disease surveillance.**Our study showed that **the fragmentation of the public health system, the operational lines, expectations, and responsibilities for public health nurses are quite confusing**. The lack of clearly set theoretical and service boundaries makes it difficult even for nurses formally trained in public health to define public health responsibilities and expectations at national or local levels. Thus**, the lack of a systems design** and the fragmented infrastructure **become hindrances in the execution of public health priorities.** Furthermore, public health nurses carry both public health and community health functions, which, although overlapping, have different connotations. **Defining the structure of the public health system, as well as the expectations for and the scope of public health nurses' responsibilities, will serve as a cornerstone for improvement and national alignment of bioterrorism preparedness.**Public health nurses carry both public health and community health functions, which, although overlapping, have different connotations.This case study is important because it clearly identified the multifaceted roles of public health nurses in bioterrorism preparedness and charted some of their needs and barriers to more proactive surveillance. The role of the public health nursing workforce merits clear definition and emphasis in the further development of the public health infrastructure for bioterrorism preparedness. Focused attention from public health, political, and homeland security leaders for support in the development of the public health workforce is well deserved.

1AC – Rapid Response 3/

Disease spread causes incurable pandemics leading to human extinction

South China Morning Post 96 (KavitaDaswani, “Leading the way to a cure for AIDS”, 1-4, L/N)

Despite the importance of the discovery of the "facilitating" cell, it is not what Dr Ben-Abraham wants to talk about. Thereis a much more pressing medical crisis at hand - one he believes the world must be alerted to: the possibility of a virusdeadlier than HIV**.** If this makes Dr Ben-Abraham sound like a prophet of doom, then he makes no apology for it. AIDS, the Ebola outbreak which killed more than 100 people in Africa last year, the flu epidemic that has now affected 200,000 in the former Soviet Union - they are all, according to Dr Ben-Abraham, the "tip of the iceberg".Two decades of intensive study and research in the field of virology have convinced him of one thing: in place of natural and man-made disasters or nuclear warfare, humanity could face extinction because of a single virus, deadlier than HIV. "An airborne virus is a lively, complex and dangerous organism," he said. "It can come from a rare animal or from anywhere and can mutate constantly. If there is no cure, it affects one person and then there is a chain reaction and it is unstoppable. It is a tragedy waiting to happen." That may sound like a far-fetched plot for a Hollywood film, but DrBen -Abraham said history has already proven his theory. Fifteen years ago, few could have predicted the impact of AIDS on the world. Ebola has had sporadic outbreaks over the past 20 years and the only way the deadly virus - which turns internal organs into liquid - could be contained was because it was killed before it had a chance to spread. Imagine, he says, if it was closer to home: an outbreak of that scale in London, New York or Hong Kong. It could happen anytime in the next 20 years - theoretically, it could happen tomorrow. The shock of the AIDS epidemic has prompted virus experts to admit "that something new is indeed happening and that the threat of a deadly viral outbreak is imminent", said Joshua Lederberg of the Rockefeller University in New York, at a recent conference. He added that the problem was "very serious and is getting worse". Dr Ben-Abraham said: "Nature isn't benign. The survival of the human species is not a preordained evolutionary programme. Abundant sources of genetic variation exist for viruses to learn how to mutate and evade the immune system." He cites the 1968 Hong Kong flu outbreak as an example of how viruses have outsmarted human intelligence. And as new "mega-cities" are being developed in the Third World and rainforests are destroyed, disease-carrying animals and insects are forced into areas of human habitation. "This raises the very real possibility that lethal, mysterious viruses would, for the first time, infect humanity at a large scale and imperil the survival of the human race," he said.

1AC – Rapid Response 4/

Unconstrained bio-attacks cause extinction

Steinbrauner 97 (Senior Fellow at the Brookings Institute, Committee on International Security and Arms Control, December 22, Foreign Policy)

That deceptively simple observation has immense implications. The use of a manufactured weapon is a singular event. Most of the damage occurs immediately. The aftereffects, whatever they may be. decay rapidly over time and distance in a reasonably predictable manner. Even before a nuclear warhead is detonated, for instance, it is possible to estimate the extent of the subsequent damage and the likely level of radioactive fallout. Such predictability is an essential component for tactical military planning. **The use of a pathogen**, by contrast, **is an extended process whose scope and timing cannot be** precisely **controlled**. For most potential biological agents, the predominant drawback is that they would not act swiftly or decisively enough to be an effective weapon. But for a few **pathogens** - ones **most likely to have a decisive effect and therefore** the ones most likely to **be contemplated for** deliberately **hostile use** -the risk runs in the other direction. **A** lethal **pathogen that could efficiently spread from one victim to another would be capable of initiating an intensifying cascade of disease that might** ultimately **threaten the entire world population**. The 1918 influenza epidemic demonstrated the potential for a global contagion of this sort but not necessarily its outer limit.

1AC – Rapid Response 5/

Outweighs nuclear war

Derber 1968 [Biological Warfare and the Extinction of Man A Nobel Prize-winning geneticist calls a ban of biological weapons only a first step in measures needed to assure man’s life and health on earth.

byJOSHUALE DERBER Ph, .D., 1968

**Bacteriological AGENTSfor use against man can be expected to be far more capricious than any other form of weapon. For any strategic purpose theyare essentially untestable since large populations would have to be held to an uncertain risk. With nuclear weapons we can at least be confident of the laws of scaling. The destruction of targets can be calculated from simple physical measures like the energy released. Nothing comparable to this can possibly apply to bacterial warfare agents. For this reason again the United States and other nuclear powers have absolutely nothing to lose in disavowing their use in war. Our continued participation in BW development is akin to our arranging to make hydrogen bombs available at the supermarket.**

Even if they win the agent itself doesn’t cause extinction—large casualties ensures nuclear war.

Conley, 03 (Harry W., chief of the systems analysis Branch, Directorate of Requirements, Air and Space Power Journal- Spring 2003- <http://www.airpower.maxwell.af.mil/airchronicles/apj/apj03/spr03/conley.html>

The number of American casualties suffered due to a WMD attack may well be the most important variable in determining the nature of the US reprisal. A key question here is how many Americans would have to be killed to prompt a massive response by the United States. The bombing of marines in Lebanon, the Oklahoma City bombing, and the downing of Pan Am Flight 103 each resulted in a casualty count of roughly the same magnitude (150–300 deaths). Although these events caused anger and a desire for retaliation among the American public, they prompted no serious call for massive or nuclear retaliation. The body count from a single biological attack could easily be one or two orders of magnitude higher than the casualties caused by these events. Using the rule of proportionality as a guide, one could justifiably debate whether the United States should use massive force in responding to an event that resulted in only a few thousand deaths. However, what if the casualty count was around 300,000? Such an unthinkable result from a single CBW incident is not beyond the realm of possibility: “According to the U.S. Congress Office of Technology Assessment, 100 kg of anthrax spores delivered by an efficient aerosol generator on a large urban target would be between two and six times as lethal as a one megaton thermo-nuclear bomb.”46 Would the deaths of 300,000 Americans be enough to trigger a nuclear response? In this case, proportionality does not rule out the use of nuclear weapons. Besides simply the total number of casualties, the types of casualties- predominantly military versus civilian- will also affect the nature and scope of the US reprisal action. Military combat entails known risks, and the emotions resulting from a significant number of military casualties are not likely to be as forceful as they would be if the attack were against civilians.World War II provides perhaps the best examples for the kind of event or circumstance that would have to take place to trigger a nuclear response. A CBW event that produced a shock and death toll roughly equivalent to those arising from the attack on Pearl Harbor might be sufficient to prompt a nuclear retaliation. President Harry Truman’s decision to drop atomic bombs on Hiroshima and Nagasaki- based upon a calculation that up to one million casualties might be incurred in an invasion of the Japanese homeland47- is an example of the kind of thought process that would have to occur prior to a nuclear response to a CBW event. Victor Utgoff suggests that “if nuclear retaliation is seen at the time to offer the best prospects for suppressing further CB attacks and speeding the defeat of the aggressor, and if the original attacks had caused severe damage that had outraged American or allied publics, nuclear retaliation would be more than just a possibility, whatever promises had been made.”48

1AC – Rapid Response 6/

Only increasing reserves of nurses can sovle for pandemics

SEO 10 (Seo Services, medical and health contributor to article feeder UK, http://articlefeeder.co.uk/nursing-shortage-why-nursing-is-the-next-hot-growth-area/)

There are many other factors that drive nursing to become a strong career choice. The existence of new diseases and the fear of impending epidemics are 2 reasons that nurses are more of a necessity than ever before. Many public health officials believe that we are due for another world-wide epidemic. Swine Flu, Mad Cow Disease, and Flesh-eating bacteria are recent examples of potential deadly scenarios. Nurses are needed to combat these deadly infections and other potential pandemics. Communities require nurses to aid in combating a real-time epidemic HIV and AIDS. Although the epidemic is no longer receive the attention it once did, there is a very strong need for nurses to remain at the front lines of this battle. More nurses are a key part of the answer to assisting patients in understanding and coping with the devastating consequences of this disease. Nurses both help care for patients and educate the public about the disease, its treatments and, most importantly, how to avoid it.

1AC – Plan

Text: The United States federal government should create a H-1B cap exemption for registered nurses.

1AC – Solvency 1/

Contention Four: Solvency

Creating an exemption in the H-1B visa solves the nursing shortage

Siskind and Taub 7/2 (Greg Siskind and Elissa Taub Special to Viewpoint Memphis lawyer Greg Siskind is chairman of the IMG Task Force, the national organization of physician immigration attorneys. Elissa Taub is senior counsel at Siskind Susser in Memphis, Commercial Appeal (Memphis, TN) Jul 2, 2010, p. A.9) LDAJ

The 2,700-page health care bill approved by Congress certainly doesn't lack detail in describing how it plans to extend coverage to 32 million more Americans. But its failure to address one basic question could very well doom its chances for success in expanding access to health insurance: How will we handle a significant increase in patients--a number equivalent to the population of Canada--when we already are experiencing a drastic shortage of doctors and nurses? The Council on Physician and Nurse Supply estimated the United States was facing a shortage of 200,000 doctors and 800,000 nurses before health care reform. Undoubtedly, the shortage now will be substantially worse. And without more doctors and nurses, the only obvious solution will be to ration health care--something that is quietly happening already in small-town America. The shortage can be blamed on a variety of factors--a rapidly aging population, the retirement of a large number of baby boomer nurses and doctors, a decline in the average number of hours worked by doctors, an inadequate number of nursing and medical schools as well as shortages of faculty members, and the availability of new technology and treatments that mean more Americans are likely to seek out the services of a health care professional. While there are efforts to increase the number of U.S. doctors and nurses, these will fall far short of producing needed numbers. We do have at least a partial solution available, however--make it easier for foreign health professionals to enter and remain in the U.S. Americans are already used to foreign health care workers. One-fourth of our doctors graduated from overseas schools. Nearly 15 percent of nurses in the U.S. are foreign-educated. Yet U.S. Citizenship and Immigration Services (USCIS) policies and a lack of attention by Congress have resulted in many U.S.-trained foreign physicians choosing to leave the country and go to competitor nations like Australia and Britain. Immigration of nurses into the U.S. has come to a grinding halt, with waits of five to 10 years now the norm for many applicants. USCIS has put into effect many policy choices that make health care immigration unnecessarily difficult. For example, the agency recently issued a memorandum that essentially bars the use of the H-1B visa by employers who contract doctors and nurses to hospitals. This means physician groups cannot hire international doctors to work in hospital settings. And since most foreign nurses and physical therapists are hired by staffing companies, they are likely ineligible for visas. Most nurses cannot get an H-1B visa anyway because USCIS takes the harsh view that they are not professionals and do not qualify for visas. Many doctors also can't get H-1B visas because USCIS takes a restrictive view regarding H-1B quota exemptions available to nonprofit employers affiliated with universities. Indian physicians (about 25 percent of all foreign physicians working in the U.S.) and Filipino and Indian nurses (the vast majority of foreign nurses) are subject to quotas that can add five to 10 years of waiting for green cards. USCIS has the ability to enact policies to alleviate those backlogs, but chooses not to do so. And there are many other examples of draconian USCIS policies that thwart health care immigration. Congress could do a lot to improve the situation as well. A bill (S. 682) sponsored by Sen. Kent Conrad, D-N.D., would dramatically improve physician immigration. It creates H-1B cap exemption opportunities for doctors going to the most severe shortage areas, and creates the incentive of a green card cap exemption to reward the commitment. On the nurse front, HR 2536, co-sponsored by Memphis' own U.S. Rep. Steve Cohen, would quickly alleviate the bottleneck that has caused a five- to 10-year wait to bring nurses to the U.S. That legislation is sorely needed until we get a broad green card cap exemption for nurses and other allied health professionals in occupations lacking enough American workers. Inevitably when health care immigration is discussed, some complain that the U.S. is unfairly recruiting from developing countries that desperately need the services of these professionals. But with health worker shortages across the world, doctors and nurses are much more likely to go to a wealthy competitor country than to remain in their home country. These professionals also are an important source of remittances to their home countries. Indeed, for some countries like India and the Philippines, far more graduates are produced than jobs are available for, precisely because emigration is envisioned. Many advocates of health care reform have stated that passage of the new law was only an initial step. Reforming health care immigration policies should be among the next steps taken.

1AC – Solvency 2/

Visa expansion will bring thousands of foreign workers that a domestic solution couldn’t hope to bring

Tsitouras and Lopez 09 (Diomedes, Indiana University School of Law and Maria, Indiana University, 7/14/09, <http://papers.ssrn.com/sol3/papers.cfm?abstract_id=1434169>) SRS

The H-1C program should be expanded well beyond its current 500 visas and fourteen hospitals. A deficit forecast of million nurses by the year 2020 demands a comprehensive approach.172 While increased investment in nurse education, increased outreach to youth, better pay, mandatory staffing-ratios and “magnet status” are all important parts of a solution, each line of attack has its limitations. These limitations are sometimes a function of economics. For example, in the case of pay, the same factors that work to under compensate nurses will likely persist in the near future. Other restrictions on reform may be more political. As the Nurse Reinvestment Act debate illustrates, a Democratic Congress may fight the Republican President’s cuts in nursing education. However, restoring funding cuts that were inadequate to begin with shows just how far legislators need to go in order solve this problem. . Further, even with increased spending, the demand for nursing may be so great that complete reliance on homegrown nurses will fall far short. Assuming that the 30,709 nurses turned away from nursing schools in 2007 could be graduated each year, this would total 368,508 nurses over twelve years. However, it would still be 631,492 nurses short of a million. 29 With the potential for further understaffing and adverse patient outcomes at stake, the United States can hardly afford to ignore the inclusion of foreign nurses as part of a comprehensive approach. An expansion of the H-1C program would alleviate shortages and it would do so expeditiously. For instance, it would have an immediate positive effect on retention by supplementing overworked, burned out nurses retiring early and dropping out. In addition, much of the infrastructure is already in place. Established kinship networks and professional recruiting agencies are already in place in oversupplied nations such as India and China.173 The Chinese Nurses Association (CNA) is a good example. The CNA has signed an agreement with a foreign recruiting agency to assist nurses with CGFNS examination preparation and immigration procedures.174 The CNA believes that if nurses get foreign training, these nurses upon return will elevate standards of care, help reform government policies, and make nursing more respected.175

1AC – Solvency 2/

Even if the benefits provided are only short-term, the plan provides a life raft tat allows the health care industry to quadruple its nursing capacity

Herbst 09 (BusinessWeek Online; 6/22/2009, p5-5, “Immigration, more foreign nurses needed?” Moira Herbst; Columbia University)

For more than a decade, the U.S. has faced a shortage of nurses to staff hospitals and nursing homes. While the current recession has encouraged some who had left the profession to return, about 100,000 positions remain unfilled. Experts say that if more is not done to entice people to enter the field — and to expand the U.S.'s nurse-training capacity — that number could triple or quadruple by 2025. President Barack Obama's goal of expanding health coverage to millions of the uninsured could also face additional hurdles if the supply of nurses can't meet the demand.

Some lawmakers are looking to the immigration pipeline as one means to raise staffing levels. In May, Representative Robert Wexler [D-Fla.] introduced a bill that would allow 20,000 additional nurses to enter the U.S. each year for the next three years as a temporary measure to fill the gap. If the bill doesn't pass on its own, lawmakers may include it in a comprehensive immigration reform package. Obama is slated to meet with congressional leaders on June 25 to discuss reforming U.S. immigration laws.

Hospital administrators such as William R. Moore in El Centro, Calif., a sparsely populated town 100 miles east of San Diego, see the Wexler bill as a potential life raft. Moore is chief human resources director at El Centro Regional Medical Center, a 135-bed public hospital that typically has 30 open positions for registered nurses [RNs]. While it's hard to lure nurses from nearby big cities [San Diego is 100 miles west], Moore says he could quickly recruit dozens of eager, qualified nurses from the Philippines if the government allocated more visas. "All we want is temporary relief," says Moore. "Let us get a group of experienced RN hires from the Philippines, and we won't ask for more."

Inherency

Inherency – No Visa Expansion

In View Of Economic Downturn, US Is Filling The Nursing Demand With It’s Own Citizens.

Icamina 9 (Paul. "U.S. Not Issuing Visas for Nurses | Daily Updates | Pinoy Herald." PINOY HERALD - Bridging the Filipino American Community. Philippine Daily News, World News, U.S. News, Pinoy News, Washington DC, Northern Virginia, Maryland . 28 Jan. 2009. Web. 29 July 2010. <http://www.pinoyherald.org/news/daily-updates/us-not-issuing-visas-for-nurses.html>. JRL

Nursing jobs are simply not there for thousands of Filipinos hopeful of going to the United States. At the moment, “The U.S. still needs nurses but it’s not giving out visas for nurses now. It needs to legislate to provide additional work-related permanent visas for nurses,” says Dean Josefina Tuazon of the University of the Philippines Manila-College of Nursing.Observers believe visas for foreign-trained nurses will be issued again this year when the U.S. Congress, upon the urging of patients and the health-care industry, approves the quota for foreign-trained nurses that has already been filled up.“Although the U.S. still needs more nurses, in view of the recent U.S. recession and financial crisis, working nurses there now put in additional hours while others are going back to nursing, thus local nurses are filling local demand.”

Nurses Needed Now, The Shortage Is Increasing Uncontrollably.

Herbst 09, Moira. "Immigration: More Foreign Nurses Needed? - BusinessWeek." *BusinessWeek - Business News, Stock Market & Financial Advice*. 21 June 2009. Web. 29 July 2010. <http://www.businessweek.com/bwdaily/dnflash/content/jun2009/db20090619\_970033\_page\_2.htm>. JRL

For more than a decade, the U.S. has faced a shortage of nurses to staff hospitals and nursing homes. While the current recession has encouraged some who had left the profession to return, about 100,000 positions remain unfilled. Experts say that if more is not done to entice people to enter the field—and to expand the U.S.'s nurse-training capacity—that number could triple or quadruple by 2025. President Barack Obama's goal of expanding health coverage to millions of the uninsured could also face additional hurdles if the supply of nurses can't meet the demand. Some lawmakers are looking to the immigration pipeline as one means to raise staffing levels. In May, Representative Robert Wexler (D-Fla.) introduced a bill that would allow 20,000 additional nurses to enter the U.S. each year for the next three years as a temporary measure to fill the gap. If the bill doesn't pass on its own, lawmakers may include it in a comprehensive immigration reform package. Obama is slated to meet with congressional leaders on June 25 to discuss reforming U.S. immigration laws.Hospital administrators such as William R. Moore in El Centro, Calif., a sparsely populated town 100 miles east of San Diego, see the Wexler bill as a potential life raft. Moore is chief human resources director at El Centro Regional Medical Center, a 135-bed public hospital that typically has 30 open positions for registered nurses (RNs). While it's hard to lure nurses from nearby big cities (San Diego is 100 miles west), Moore says he could quickly recruit dozens of eager, qualified nurses from the Philippines if the government allocated more visas. "All we want is temporary relief," says Moore. "Let us get a group of experienced RN hires from the Philippines, and we won't ask for more."

Visas for nurses, set aside in 05, need to be addressed now otherwise the US will push it’s search abroad.

Dugger 06, Celia. "U.S. Plan to Lure Nurses May Hurt Poor Nations." *The New York Times - Breaking News, World News & Multimedia*. 24 May 2006. Web. 29 July 2010. <http://www.nytimes.com/2006/05/24/world/americas/24nurses.html?\_r=1&pagewanted=print>. JRL

Under the current immigration system, experts estimate that 12,000 to 14,000 nurses have immigrated to the United States annually on employment visas that entitle them to bring their immediate family members and obtain green cards. They must pass English and U.S. nursing exams to qualify for visas.

In recent years, there had been enough visas for foreign nurses from most countries, but a bottleneck developed in 2005, after immigration authorities made a big push to clear a backlog of employment visa applications. That year, Congress set aside 50,000 additional visas for nurses and their families. But those visas will likely have all been used up by early next year, State Department officials said.

Inherency – Nurse Shortage

Must act now to solve nursing shortage

Derksen and Whelan 9 (Daniel and Ellen-Marie, Associate Director of Health Policy and Senior Health Policy Analysis at Center for American Progress, Center for American Progress, http://www.americanprogress.org/issues/2010/01/pdf/health\_care\_workforce.pdf)

The United States is in the midst of a nursing shortage that is expected to intensify as baby boomers age and the need for health care grows. Nursing programs across the country are struggling to expand enrollment levels to meet the rising demand. The nursing shortage is projected to grow to 260,000 to 1,000,000 registered nurses by 2025, or twice as large as the shortage experienced in the mid-1960s.18 Attrition due to an aging workforce and lackof nursing faculty are principal contributors to the projected shortage.

Inherency – Nurse Shortage

Aging American population necessitates more nurses – illness

Tsitouras and Lopez 9 (Diomedes J. Tsitouras, J.D., 2009, Indiana University School of Law, AND Maria Pabon Lopez, Professor of Law, Indiana University School of Law, 12 J. Health Care L. & Pol'y 235 2009 L/N)

Nursing is a unique and essential occupation in the U.S. health system; however, it receives scant attention. Nurses prevent diseases and educate patients about their treatment plans. n20 Nurses are often the only sources of critical **[\*238]** communication with patients, as doctors are often too busy to spend enough time with each individual patient. n21 Thus, an inadequate amount of nursing care in the labor market is likely to present significant challenges to the delivery of safe and high-quality care.

While the United States has experienced nursing shortages for the past fifty years,the present shortfall is predicted to worsen. The American Hospital Association estimates hospitals in the United States may need as many as 116,000 nurses to fill vacant positions. n22 Current federal government projections show that the shortage could soar to as many as one million nurses by 2020. n23 The demand for nurses is expected to increase due to an 18% increase in population, a larger proportion of elderly people, and medical advances that will increase the need for nurses. n24 The population of persons sixty-five and older will increase by over half. n25 This is significant because older persons are much more likely to need nursing care. A person between sixty-five and sixty-nine has a 74% chance of developing illness. n26 By the time an individual is eighty-five, the likelihood grows to 88%. n27

Nurses are retiring sooner and fewer people are studying nursing

Tsitouras and Lopez 9 (Diomedes J. Tsitouras, J.D., 2009, Indiana University School of Law, AND Maria Pabon Lopez, Professor of Law, Indiana University School of Law, 12 J. Health Care L. & Pol'y 235 2009 L/N)

The nursing shortage is a result of various factors, including the fact that fewer young people are interested in nursing as a career, as well as the decreasing number of nursing school graduates, inadequate working conditions, and insufficient wages. n28 One particularly concerning factor is the few number of young people entering the profession. A 1999 study of students found that one in twenty **[\*239]** female and less than one in one hundred male college freshmen selected nursing as a career. n29 Furthermore, many older nurses are retiring or leaving the profession early. The average RN age was 46.8 in 2004, an increase from 45.2 in 2000. n30 Inadequate staffing compounds this problem. When shifts have a smaller force, the existing staff picks up the slack and becomes burned out, thus contributing to more nurse attrition. n31 This cycle has led many nurses qualified to practice to drop out of the profession altogether. In fact, over 490,000 qualified nurses currently do not work in nursing. n32

Need For Nurses High Within Health Care Industry

Bureau of Labor 10 ( “Annual Report: U.S Health Care System Statistics.” Released for 2010-2011 Annual Report. <http://www.bls.gov/oco/cg/cgs035.htm>. KES.)

6Many job openings should arise in all employment settings as a result of employment growth and the need to replace workers who retire or leave their jobs for other reasons. Tougher immigration rules that are slowing the numbers of foreign healthcare workers entering the United States should make it easier to get a job in this industry. **An**other **occupation that is expected to have many openings is registered nurses. The median age of registered nurses is increasing, and not enough younger workers are replacing them. As a result, employers in some parts of the country are reporting difficulties in attracting and retaining nurses.** **Healthcare workers at all levels of education and training will continue to be in demand.** In many cases, it may be easier for jobseekers with health-specific training to obtain jobs and advance in their careers.

The demand for nurses in the US in on the rise

Aiken & Cheung, 2008 (Linda H. Aiken and Robyn Cheung. NURSE WORKFORCE CHALLENGES IN THE UNITED STATES: IMPLICATIONS FOR POLICY. Organisation for Economic Co-operation and Development. 01 Oct 2008. http://www.who.int/hrh/migration/Case\_study\_US\_nurses\_2008.pdf)

An estimated 703 000 new jobs for registered nurses are expected to be created between 2004 and 2014 due to projected increased demand for healthcare services; registered nurses are second among the top 10 occupations with the largest projected job growth (US Department of Labor, 2004). A multiplicity of factors acting concurrently is likely to keep demand for nurses high. They include economic growth; population growth; continuing trends of consumers investing their disposable income in health services; aging of the population and increased prevalence of chronic illnesses; advances in medical science and technology, and a looming physician shortage.

Disease/Bioterror Advantage

Internal Link – Disease

Nurses play the critical role in stopping disease transmission

Stirling 4 (Bridget, "The Canadian Nurse", Nov. 2004, Vol. 100 Issue 9; Pg. 16)

Every day, Canada's 232,000-strong infection control army marches onto the proverbial "microbial battlefield."(3) As nurses converge on hospital and community settings, their mission is to keep their patients and themselves from becoming further infected with pathogens. Despite being commissioned with this responsibility, many of those who are expected to fight the ever-more-powerful microbes are sent out with inadequate training and no overall battle plan. Nurses interrupt disease transmission on a number of levels. It is the keen acute care nurse who alerts the porter of the appropriate precautions for bringing a patient positive for methicillin-resistant Staphylococcus aureus (MRSA) to X-ray. It is the dedicated public health nurse who educates and advises on appropriate vaccinations. It is the knowledgeable epidemiology nurse who advises travellers on the need to protect against the vectors of malaria and yellow fever. These front-line nurses are the last line of defence that the healthcare system has against disease transmission. It is vital that nurses be prepared and equipped in every way possible to carry out this essential role. No other healthcare professionals spend as much time face to face with patients as nurses. Nurses are in close contact with bodily fluids and perform intimate procedures. Recent time-and-motion studies have demonstrated that nurses can spend an average of 43 to 53 minutes per patient during a 12-hour day shift.(4) This means that the average shift gives a nurse with five patients over four hours of direct contact. Community nurses entering a patient's home also have extensive time in direct contact.(5) Obviously, the time spent directly with the patient depends on the area of practice and the severity of each patient's needs.

Registered Nurses act as a first step at preventing diseases

**California Nurses Association, 09** (“Position Statement on the H1N1 (Swine Influenza) Pandemic” September 2009 http://www.calnurses.org/swineflu/assets/pdf/h1n1\_position-statement.pdf)

RNs are at the front line of communicable disease prevention and control through outreach screening, case finding, resource coordination and the delivery and evaluation of care of individuals, families and communities. RN skills and expertise are critical in restoring and protecting the health, welfare and safety of individuals, families and communities in any disaster. Engaging in social advocacy and social mobilization is incumbent on all RNs especially since the profession is held in high esteem with respect to the public trust. Primary prevention relies on epidemiological information to identify those behaviors which are protective, or will not contribute to an increase of disease, and those that are associated with an increased risk. Health promotion includes actions taken to foster a safe environment or healthful lifestyle. Specific protections include immunizations to protect against and reduce the incidence of a disease. Secondary prevention (after pathogenesis) are screening and physical exams aimed at disease detection and early diagnosis; and, interventions that provide early treatment or cure. Tertiary prevention includes: limiting complications, disability, and rehabilitation/restoration to optimum level of health, function, and well-being.

Decreasing patient to nurse ration key to prevent spread of pandemic

Global Security NO DATE (“Flu Pandemic Secondary Hazards / Events” http://www.globalsecurity.org/security/ops/hsc-scen-3\_flu-pandemic-hazards.htm)

The pandemic is expected to have substantial impact on the healthcare system with large increases in demand for healthcare services placed on top of existing demand. Healthcare workers (HCW) will be treating influenza-infected patients and will be at risk of repeated exposures. Further, surge capacity in this sector is low. To encourage continued work in a high-exposure setting and to help lessen the risk of healthcare workers transmitting influenza to other patients and HCW family members, this group was highly prioritized. In addition, increases in bed/nurse ratios have been associated with increases in overall patient mortality. Thus, substantial absenteeism may affect overall patient care and outcomes.

Internal Link – Disease

Shortage of Nurses risks infecting children

Chea 8 (TERENCE, Associated Press Writer September 25, “School nurse shortage hampers swine flu response” <http://www.physorg.com/news173077456.html>)

As schools grapple with a resurgence of swine flu, many districts have few or no nurses to prevent or respond to outbreaks, leaving students more vulnerable to a virus that spreads easily in classrooms and takes a heavier toll on children and young adults. The shortage of school nurses could lead to more students falling ill from the H1N1 virus, which can be particularly dangerous for children with weakened immune systems or respiratory conditions such as asthma, experts say. "It's really irresponsible of the school district to not really provide medical oversight while kids are in school," said Jamie Hintzke, who has two kids in Northern California's Pleasanton Unified School District, including a son with severe food allergies. The district has one nurse for 15 schools and almost 15,000 students. "I'm playing Russian roulette every single day he goes to school." When the swine flu emerged last spring, it was a school nurse in New York City - Mary Pappas at St. Francis Preparatory School - who helped identify and curtail the country's first major outbreak after she noticed large numbers of students complaining of high fevers and sore throats. But many schools around the country don't have a medical professional who can quickly diagnose students and detect outbreaks. A 2008 survey by the National Association of School Nurses found that only 45 percent of public schools have their own full-time nurse, another 30 percent have a part-time nurse, and a quarter don't have any nurses at all. The average nurse-to-student ratio nationwide was one nurse for every 1,151 students, but in 14 states there was only one nurse for more than 2,000 students, according to the nurses association. States with the highest ratios include Oregon with one nurse for every 3,142 students, Michigan with one for every 4,204, and Utah with one for every 4,893. Only 12 states, mostly in the Northeast, met the 1-to-750 ratio recommended by the Centers for Disease Control and Prevention, the association found. In Michigan, severe financial problems prompted the Pontiac School District to lay off five of its six nurses, who played a key role in the district's response to swine flu last spring. "If H1N1 is anything like the prediction, schools without school nurses will be missing their front line of defense," said Susan Zacharski, the district's only remaining nurse. She now works in a center for special needs students who are legally entitled to a nurse, but there are no nurses to serve the district's other 7,200 students. With swine flu cases rising with the new school year, districts are depending on teachers, principals and secretaries with little medical training to identify, isolate and send home sick children, as well as monitor absences and illnesses for signs of a wider outbreak. "We're asking so much more of untrained staff as far as providing medical management," said Nina Fekaris, a nurse in the Oregon's Beaverton School District who is responsible for four schools with 4,300 students. "It's putting our kids at risk." Some teachers complain they haven't received guidance or training on how to deal with swine flu. "We really don't know what symptoms to look for, how to caution our kids or how to protect ourselves," said Robert Ellis, a first grade teacher at Washington Elementary School in Richmond, Calif. "I'm really concerned about it spreading in the classroom, how many kids will be impacted and the loss of educational time." Since it was first identified in April, the swine flu has infected more than 1 million Americans and killed nearly 600, the CDC estimates. So far swine flu does not appear to be more dangerous than seasonal flu, which kills an estimated 36,000 Americans each year, but it appears to be more contagious and health officials are concerned that it could mutate and become deadlier.

Internal Link – Disease

Nurses play a critical role in identifying Avian Flu Kahn 8

(Laura Kahn works on the research staff of Princeton University's [Program on Science and Global Security](http://www.princeton.edu/~globsec/). “Health-care realities during a pandemic” < http://www.thebulletin.org/web-edition/columnists/laura-h-kahn/health-care-realities-during-a-pandemic > 9 September 2008)

Whatever the age or locale, patients stricken with avian influenza would most likely require intensive nursing care. Yet, despite the critical role that nurses play in patient outcomes, by 2025, the United States is estimated to have a shortage of as many as 500,000 registered nurses, or RNs--the best trained and educated nurses who often supervise licensed practical nurses and nurses' aides. Already, 14 percent of U.S. hospitals report a severe nursing shortage with more than 20 percent of their positions vacant. Worse yet, given the country's aging population, the need for nurses is only increasing; the U.S. Bureau of Labor Statistics anticipates that more than [587,000 new nursing positions](http://www.bls.gov/opub/mlr/2007/11/art5full.pdf) PDF will be created by 2016.

Nurses are the lynchpin to pandemic response  
Oncology Times 7 (Hematology/Oncology news, 29 (13) p 12-15 July 10 2007 Oncology Times)BCW  
The House members requested $200 million for the workforce programs. Following several years of flat funding at $150 million, President George W. Bush's budget proposes a substantial cut in funding for Title VIII programs to only $105.3 million in FY 2008. Funding for nursing education and recruitment has fallen in the past three years, even as the nursing shortage has increased.Nurses also are the cornerstone of bioterrorism and pandemic flu preparedness and response, the letter notes. If these events were to occur, an adequate supply of nurses will be needed to evaluate patients, administer vaccines and medications, perform disease surveillance, and train non-licensed staff.GAO [the Government Accountability Office], the American Hospital Association, and Trust for America's Health have released reports citing the nursing shortage as a major impediment to preparedness efforts.

Internal Link – Bioterror

Nurses are critical first responders to bioterrorism attacks

Pasley 01 (Jessica, Vanderbilt University Medical Center, 10/12/2001, <http://www.mc.vanderbilt.edu/reporter/index.html?ID=1757>) SRS

Those attending the meeting agreed that although nurses have not traditionally been on the front lines of disaster response, it is time to move forward. Efforts to secure funding for the program are paramount. The International Nursing Coalition for Mass Casualty Education was formed. Its goal—to provide leadership for systematic development of policy related to nurse practice, education, regulation and research for mass casualty incidents. Membership and interest in the coalition has been steady. “The coalition was the vision of Colleen Conway-Welch, the dean of VUSN,” said Terri Urbano, Ph.D., RN, associate dean and director of the Coalition. “The federal government (Office of Emergency Preparedness) shared in identifying the need to provide nurses with education related to mass casualty, particularly that resulting from bioterrorism. “The dean gathered leaders to discuss what steps need to be taken to create a curriculum and disseminate the information to all levels of nursing. We were in the process of developing grant proposals for funding various aspects of the program when the events of Sept. 11 occurred. “That put us on the fast track and it appears that a lot of other agencies and organizations also became more interested in what we were doing,” she said. “Things are definitely moving along.” There are about 2.7 million nurses in the country, with more than 40 percent outside of the hospital setting. Nurses are a pivotal part of the health care equation when dealing with unusual health care events. “Nurses are working in all areas of the community,” said Urbano. “They need to be educated about the early diagnosis of symptoms that might result from bioterrorist agents. We are targeting nurses on the forefront. We want them to work closely with public health officials for community-wide disease surveillance.” The coalition’s highest priorities are: increasing awareness of all nurses about mass casualty incidents (MCI); providing leadership to the nursing profession for the development of knowledge and expertise of MCI; establishing a clearinghouse of information and Web links for professional development of nurses about MCI; developing a strategic plan for the nursing coalition to address MCI; and influencing policy related to nursing practice, education and research about MCI at the government and institutional levels. “We are the only nursing coalition focusing on mass casualty education,” Urbano said. “We are assuming a leadership role in the national nursing response to bioterrorism.” Aiding the School is Dr. Robin Hemphill, assistant professor of Emergency Medicine at Vanderbilt. “The School of Medicine has been proactive in its development of plans for mass casualty incidents,” Hemphill said. “Nurses are very critical to the plan. In the event of a bioterrorism event, the first place people go is typically to their own physicians. “Nurse practitioners and nurses see these folks. There is a huge need for education so that they are able to recognize patterns of symptom development. They are the first line of health care professionals often able to make these assessments. Nurses will be the first to sound the alarm.”

Internal Link – Bioterror

Nurses are key to bioterrorism response and surveillance

Akins et al 05 (Ralitsa, MD, PhD, research scientist at Texas A&M; Josie Williams MD, MMM, RN, Director at the Rural and Community Health Institute; Rasa Silenas MD, FACS Med Director at Texas A&M Health Sci. Center, Office of Homeland Security; and Janine Edwards, PhD, Research Professor at Texas A&M University Health Sci. Center; Disaster Management and Response, Vol. 3, Is. 4, Oct-Dec 2005, pgs 98-105) SRS

Public health nurses are central to the public health system and to bioterrorism surveillance, which was evidenced by their ability to navigate through a system that lacked clear boundaries, definitions, or expectations for their performance. Coming from different backgrounds, often without prior public health experience or training, the public health nurses managed to carry a variety of responsibilities while continuing their community service. The nurses emerged as a fragily balanced, but critical and committed component of the public health system, and disease surveillance, in particular. Our data suggest that the nurses created informal partnerships to augment and support the formal information flow pathways needed to maintain disease surveillance. Our study showed that the fragmentation of the public health system, the operational lines, expectations, and responsibilities for public health nurses are quite confusing. The lack of clearly set theoretical and service boundaries makes it difficult even for nurses formally trained in public health to define public health responsibilities and expectations at national or local levels. Thus, the lack of a systems design and the fragmented infrastructure become hindrances in the execution of public health priorities. Furthermore, public health nurses carry both public health and community health functions, which, although overlapping, have different connotations. Defining the structure of the public health system, as well as the expectations for and the scope of public health nurses' responsibilities, will serve as a cornerstone for improvement and national alignment of bioterrorism preparedness. Public health nurses carry both public health and community health functions, which, although overlapping, have different connotations. This case study is important because it clearly identified the multifaceted roles of public health nurses in bioterrorism preparedness and charted some of their needs and barriers to more proactive surveillance. The role of the public health nursing workforce merits clear definition and emphasis in the further development of the public health infrastructure for bioterrorism preparedness. Focused attention from public health, political, and homeland security leaders for support in the development of the public health workforce is well deserved.

Disease Impact – Extinction

Epidemics will cause human extinction

Discover in 00 (“Twenty Ways the World Could End” by Corey Powell in Discover Magazine, October 2000, http://discovermagazine.com/2000/oct/featworld)

If Earth doesn't do us in, our fellow organisms might be up to the task. Germs and people have always coexisted, but occasionally the balance gets out of whack. The Black Plague killed one European in four during the 14th century; influenza took at least 20 million lives between 1918 and 1919; the AIDS epidemic has produced a similar death toll and is still going strong. From 1980 to 1992, reports the Centers for Disease Control and Prevention, mortality from infectious disease in the United States rose 58 percent. Old diseases such as cholera and measles have developed new resistance to antibiotics. Intensive agriculture and land development is bringing humans closer to animal pathogens. International travel means diseases can spread faster thanever. Michael Osterholm, an infectious disease expertwho recently left the Minnesota Department of Health, described the situation as "like trying to swim against the current of a raging river." The grimmest possibility would be the emergence of a strain that spreads so fast we are caught off guard or that resists all chemical means of control, perhaps as a result of our stirring of the ecological pot. About 12,000 years ago, a sudden wave of mammal extinctions swept through the Americas. Ross MacPhee of the American Museum of Natural History argues the culprit was extremely virulent disease, which humans helped transport as they migrated into the New World.

Disease Impact – Economy

Even if the epidemic is under control it would halt trade and cause miscalculation

Heymann 5 (David, Executive Director of Communicable Diseases at the WHO, “Emerging and re-emerging infectious diseases from plague and cholera to Ebola and AIDS: a potential for international spread that transcends the defences of any single country”, 13:1, March, p. 29-31)

Plagues and Politics is not about the individual human suffering and death that occur from emerging and re-emerging infections. Rather it is about the impact of infectious diseases on society and nations, providing clear and convincing evidence of the severe economic impactthat can come from sometimes irrational and unjustified reactions to the emergence or reemergence of an infectious disease, reactions that often take the form of trade barriers, restricted travel and decreased tourism. Clearly demonstrated is the perceived vulnerability of the general public and politicians to a newly emerged infectious disease when, in the absence of the evidence that would permit rational risk analysis, reactionary irrational and economicallydamaging measures are applied to prevent their spread.

Trade wars go nuclear

**Spicer 96** (Michael, The Challenge from the East and the Rebirth of the West, 1996, p. 121)

The choice facing the West today is much the same as that which faced the Soviet bloc after World War II: between meeting head-on the challenge of world trade with the adjustments and the benefits that it will bring, or of attempting to shut out markets that are growing and where a dynamic new pace is being set for innovative production. The problem about the second approach is not simply that it won't hold: satellite technology alone will ensure that he consumers will begin to demand those goods that the East is able to provide most cheaply. More fundamentally, it will guarantee the emergence of a fragmented world in which natural fears will be fanned and inflamed. A world divided into rigid trade blocs will be a deeply troubled and unstable place in which suspicion and ultimately envy will possibly erupt into a major war. I do not say that the converse will necessarily be true, that in a free trading world there will be an absence of all strife. Such a proposition would manifestly be absurd. But to trade is to become interdependent, and that is a good step in the direction of world stability. With nuclear weapons at two a penny, stability will be at a premium in the years ahead.

Bioterror Impact – Extinction

**Bioterrorist attack most likely most severe extinction risk**

Matheny 7 (Jason G. Matheny, Health Economist, Risk analysis 27 November 5, 2007)

Of current extinction risks, the most severe may be bioterrorism. The knowledge needed to engineer a virus is modest compared to that needed to build a nuclear weapon; the necessary equipment and materials are increasingly accessible and because biological agents are self-replicating, a weapon can have an exponential effect on a population (Warrick, 2006; Williams, 2006).5 Current U.S. biodefense efforts are funded at $5 billion per year to develop and stockpile new drugs and vaccines, monitor biological agents and emerging diseases, and strengthen the capacities of local health systems to respond to pandemics (Lam, Franco, & Shuler, 2006).

Health Care Advantage

Internal Link – Health Care

Nurses are key to saving billions of dollars in the Health care system through catching medical errors.

Woodhouse 9 (Justine, San Antonio Express-News, Editorial pg 4B)

According to the Institute of Medicine, nurses are the health care professionals most likely to intercept medical errors, which cost hospitals nationwide $3.5 billion annually. Nurses have in-depth understanding of the patient care process and can tell a board which quality improvement and patient safety efforts might be most effective in reducing medical errors. Nurses manage the entire care delivery process, interact more frequently with patients and their families and keep the entire caregiver team working together effectively. A nurse brings a different perspective. And a nurse can tell you what will really work at 2 in the morning.

Nurses have an influential voice on health care reform and its success

Gardner 9 (Deborah, PhD RN, Nursing Economist, 27(4), p.257)

The majority of the 2.9 million (American Nurses Association [ANA], 2009a) registered nurses in the United States, like many citizens, do not follow the intricacies and often confusing information provided on the issues currently shaping health care reform. However, nurses and/or nursing associations have a role to play in shaping health system reform. With so many nursing organizations, the old question of who represents nursing as a profession is again brought to the foreground with a new sense of urgency. This is a critical time for nurses to engage in health system reform if the roles of nursing are to be optimized and valued in a redesigned system. There is positive evidence that nursing coalitions are developing and taking positions on reform efforts. The "Nursing Community" is such a coalition, comprising 32 professional nursing organizations (ANA, 2009b). A consensus statement and coalition letters have been adopted and used to address congressional leaders on current reform legislation drafts. The consensus paper makes recommendations that support the shared value of providing patients with access to quality nursing care. These recommendations serve to ensure that nursing issues and education priorities, as they relate to the larger health care agenda, are incorporated into national health care reform. Recommendations include nursing workforce funding needs, addressing the nursing faculty shortage, full utilization and reimbursement for advanced practice nurses (APRNs), increase in nursing research funding, inclusion of APRNs in pilot health care programs, safe staffing levels, and other quality efforts.

Internal Link – Health Care

California in desperate need of foreign nurses to provide health care to citizens- will cause problems with Obama health care if not solved now

Herbst, 9(Moira Herbst, Staff Writer for Bloomberg Business Week, http://www.businessweek.com/bwdaily/dnflash/content/jun2009/db20090619\_970033.htm?chan=rss\_topStories\_ssi\_5)

For more than a decade, the U.S. has faced a shortage of nurses to staff hospitals and nursing homes. While the current recession has encouraged some who had left the profession to return, about 100,000 positions remain unfilled. Experts say that if more is not done to entice people to enter the field—and to expand the U.S.'s nurse-training capacity—that number could triple or quadruple by 2025. President Barack Obama's goal of expanding health coverage to millions of the uninsured could also face additional hurdles if the supply of nurses can't meet the demand.

Some lawmakers are looking to the immigration pipeline as one means to raise staffing levels. In May, Representative Robert Wexler (D-Fla.) introduced a bill that would allow 20,000 additional nurses to enter the U.S. each year for the next three years as a temporary measure to fill the gap. If the bill doesn't pass on its own, lawmakers may include it in a comprehensive immigration reform package. Obama is slated to meet with congressional leaders on June 25 to discuss reforming U.S. immigration laws.

Hospital administrators such as William R. Moore in El Centro, Calif., a sparsely populated town 100 miles east of San Diego, see the Wexler bill as a potential life raft. Moore is chief human resources director at El Centro Regional Medical Center, a 135-bed public hospital that typically has 30 open positions for registered nurses (RNs). While it's hard to lure nurses from nearby big cities (San Diego is 100 miles west), **Moore says he could quickly recruit dozens of eager, qualified nurses from the Philippines if the government allocated more visas. "All we want is temporary relief," says Moore. "Let us get a group of experienced RN hires from the Philippines, and we won't ask for more."**

US healthcare practices demand a strong supply of nurses

Derksen and Whelan 9 (Daniel and Ellen-Marie, Associate Director of Health Policy and Senior Health Policy Analysis at Center for American Progress, Center for American Progress, http://www.americanprogress.org/issues/2010/01/pdf/health\_care\_workforce.pdf)

America’s five million health care professionals directly influence the cost and quality of health care through their diagnoses, orders, prescriptions, and treatments. These primary care and specialist physicians, dentists, nurses, and other medical and dental assistants labor every day to take care of their patients, but experts say there are too few of them today, and by 2020 there will be a shortage of up to 200,000 physicians and 1 million nurses. Rural Americans and those living in other underserved areas across the country are especially vulnerable to these current and growing health workforce shortages

As our nation grapples with reforming the U.S. health care system to cover the uninsured, improve the quality of health care, and cut overall costs in the long term, we must consider provisions to assure an adequate health care workforce. Primary care clinicians—those providing the most basic, frontline health services—continue to decrease in numbers and there are many pockets around the country without enough health care providers overall. Researchers estimate that policies to expand coverage to all Americans would increase demand for physician services by 25 percent. Our nation already suffers from a long-standing shortage of nurses—the U.S. Bureau of Health Professionals estimates today’s shortage to be over 400,000 nurses. And the American Hospital Association calculates 116,000 registered nurse positions are unfilled at U.S. hospitals and 100,000 jobs are vacant in nursing homes. Some expect the shortage to worsen as 78 million baby boomers6 begin to hit retirement age in 2011 and require more care for chronic illnesses.

This is an especially important time to examine these shortages as Congress considers expanding access to health care to the entire nation and the jobless rate in our country hovers at 10 percent. Congress and the Obama administration have a historic opportunity to prepare to the nation for health care reform in 2010 as well as solve several long-standing problems in the way federal subsidies support health care workforce training programs.

Internal Link – Health Care

Without more visas, the nurse shortage will destroy healthcare

American Hospital Association 6

The U.S. State Department announced earlier this month that the "employment-based" visas used to recruit foreign nurses and physical therapists to America's hospitals are filled and no new visas will be issued while the government processes those already in the queue. Unless the government lifts the visa caps, hospitals could face a delay of up to five years in bringing foreign RNs to this country - troubling news when hospitals nationwide are confronting a 16% nurse vacancy rate.

"This couldn't come at a worse time for hospitals;" said Jeff Goodwin, president and CEO of Warren (NJ) Hospital, which recently recruited a dozen RNs from India to help meet demand.

"There simply are not enough domestic nurses at the present time to fill the gaps" in staffing, he said. "We need to see an easing up of immigration restrictions on admitting foreign nurses into the U.S. not a total clamp down. This will be devastating."Without a change in immigration policy, "we will be looking at a serious crisis in care." said H.J. Blessitt. administrator of South Sunflower County Hospital in Indianola. MS. Like other hospitals in Mississippi's rural Delta region. South Sunflower has turned to Filipino RNs lo deal with double-digit nurse vacancy rates. "They are critical to helping us plug the holes," said Blessitt, who is a member the AHA's Section for Small or Rural Hospitals' governing council. The visa cutoff "is going to make a bad situation much worse," he said

**Nursing shortages have serious implications**

Booth 02 (The Nursing Shortage: A Worldwide Problem; Rachel Booth, RN, PhD, Dean and Professor, University of Alabama School of Nursing)

"Nurses and midwives around the globe are leaving the health system, driven away by underpay, hazardous working conditions, lack of career development, as well as professional status and autonomy. In addition, there is a sharp decline in new recruits to the profession for similar reasons. If the world's public health community does not correct this trend, the experts agreed, the ability of many health systems to function will be seriously jeopardized"(1).

Although thousands of miles and many differences separate countries and cultures, the message describes a worldwide problem. The simple truth is that nurses are not there for the people who need them most. Regardless of the country, the public's perception of their nurses resound with great similarities. That is, nurses hold the system together and serve as the advocate, health provider, educator, and administrator for making the system work well for them; nurses possess the highest level of integrity and honesty of any other health care workers and administrators; nurses are the ones who care about patients and their families; and "nurses are the backbone of the health care systems".

Nurses are key to a functioning health care system

NICHD, 7 (National Institute of Child Health and Human Development, conducts and supports research on health related issues, http://www.nichd.nih.gov/news/resources/spotlight/nursing\_CE.cfm)

Nurses are the cornerstone of the nation’s health care industry—they not only offer care and comfort, but also serve as role models for good health care.  *A Continuing Education Program on SIDS Risk Reduction: Curriculum for Nurses*, a new curriculum from the NICHD that was created in collaboration with the National Institute of Nursing Research (NINR), First Candle, and nearly a dozen national organizations, aims to capitalize on the important role that nurses play by teaching them how to communicate information on sudden infant death syndrome (SIDS) with parents and families.

Internal Link – Health Care

Nurses needed to enact new healthcare reforms

Paradis, Wood, and Cramer 9 (Melissa, Janelle, Mary, Nursing Economics, http://findarticles. com/p/articles/mi \_m0FSW/is\_5\_27 /ai\_n39382519/pg\_7 /?tag=content;col1) MNC

Overall, the Obama plan for health reform has the potential to improve health care access and quality for all Americans dramatically. The costs will be significant, but not necessarily more than the costs already incurred with current system inefficiencies. This is not to discount legitimate concerns yet be answered about how to preserve provider and patient autonomy and ensure an adequate workforce prepared for primary care and prevention. Certainly, nurses need to be informed and participate in the dialogue on behalf of themselves and their patients.The Obama reform holds many opportunities for nurses. Advanced practice registered nurses (APRNs) will be in high demand as primary care providers and as case managers for the burgeoning number of persons with chronic conditions. APRNs are uniquely suited for both roles because they are familiar with the care continuum and they have developed EBP practice models for transitional care that can improve care quality and patient outcomes (Naylor, 2006). Federal and state legislation must first recognize APRNs as primary care providers for the medical home so that reimbursement is a financial incentive for APRN practice.

Healthcare reform must have enough participating nurses

Paradis, Wood, and Cramer 9 (Melissa, Janelle, Mary, Nursing Economics, http://findarticles. com/p/articles/mi \_m0FSW/is\_5\_27 /ai\_n39382519/pg\_7 /?tag=content;col1) MNC

The Obama reform plan will mean that payment methods that reward quality health care rather than procedural-based payment will need to be enhanced. Nurses can provide strong input into these developments so that funding will increase for community and education-based services, and so that nurses are adequately reimbursed for the services that they provide. Nurses in all settings will play a pivotal role in the development and acceptance of new forms of health information technology including electronic documentation, consultation, patient education, and patient monitoring. Nurses will also have an expanding role in collecting, analyzing, and reporting health care quality data. This will require acceptance of EBP practice guidelines and active participation in research and quality assurance programs. This is a crucial time for nurses to become active participants in our health care reform. Nursing input is needed at the individual, community, and federal levels.

Internal Link – Health Care

Shortages of healthcare professionals will ruin healthcare reforms and US health

Siskind and Taub 10 (Greg and Elissa, chairman of the IMG Task Force, the national organization of physician immigration attorneys and senior counsel at Siskind Susser in Memphis, The Commercial Appeal, <http://www.commercialappeal.com/news/2010/jul/02/guest-column-health-reform-needs-immigration/>) MNC

The 2,700-page health care bill approved by Congress certainly doesn't lack detail in describing how it plans to extend coverage to 32 million more Americans. But its failure to address one basic question could very well doom its chances for success in expanding access to health insurance: How will we handle a significant increase in patients -- a number equivalent to the population of Canada -- when we already are experiencing a drastic shortage of doctors and nurses?

The Council on Physician and Nurse Supply estimated the United States was facing a shortage of 200,000 doctors and 800,000 nurses before health care reform. Undoubtedly, the shortage now will be substantially worse. And without more doctors and nurses, the only obvious solution will be to ration health care -- something that is quietly happening already in small-town America.

Nurses are strongly linked to healthcare services

Obama 9 (Barack, President of the United States, <http://www.whitehouse.gov/the_press_office/Remarks-by-the-President-on-Health-Care-Reform/>) MNC

America's nurses need us to succeed, not just on behalf of the patients that they sometimes speak for. If we invest in prevention, nurses won't have to treat diseases or complications that could have been avoided. If we modernize health records, we'll streamline the paperwork that can take up more than one-third of the average nurse's day, freeing them to spend more time with their patients. If we make their jobs a little bit easier, we can attract and train the young nurses we need to make up a nursing shortage that's only getting worse. Nurses do their part every time they check another healthy patient out of the hospital. It's now time for us to do our part.

Internal Link – Health Care/Economy

Shortage of nurses prevent economic growth

Erickson 9 (Jerry Erickson, Staff, http://www.homesnursing.com/index.php/nursing-services/cure-nursing-shortage/)

Although some nurse job seekers are finding that a tough economy means less job options, this appears to be temporary. Currently, as hospitals and other medical providers experience the same economic downturn as the rest of us, the national nursing crisis may be on a hiatus. However, as a recent Washington Post article explained, “The economic downturn has put a Band-Aid on one of the most vexing problems in health care, a shortage of nurses that has slowed care at some hospitals and forced others to turn away the ill.” Once the economy picks up steam and rights itself, it appears likely that we and our aging baby boom population in particular will face a nursing shortage that is more severe than ever. Hopefully, we’ll have more citizens deciding that nursing is the field for them, especially given the demand. One other solution involves the reform of our immigration system so that U.S. employers can hire foreign-born nurses in a timelier manner. Due to increased population growth in recent decades, Prince William County and the rest of Northern Virginia have suffered acutely from this dearth of health care professionals. **A shortage of nurses means higher costs to patients and a lowered standard of care. Not having enough nurses also constricts economic growth, as businesses must locate in areas that can provide adequate medical staffing and other services for their employees.** In 2005, the Northern Virginia Health Care Workforce Alliance (NVHCWA), a coalition of private sector, business, government, community, health care and educational leaders, published a study finding that there is a current shortage of 2,763 health care workers in Northern Virginia that is expected to grow to 7,791 by 2010 and to 16,595 by 2020.

Health Care Impact – Death

People without health care die- 2005 study proves

Walker, 9(Emily Walker, Staff Writer for Medpage Today, “Uninsured More Likely to Die, Study Finds”, Sept 18, 2009, <http://abcnews.go.com/Health/WellnessNews/lack-health-insurance-raises-death-risk/story?id=8606408>)

WASHINGTON — People without [health insurance](http://abcnews.go.com/Health/WellnessNews/story?id=8185848&page=1) are 40 percent more likely to [die](http://abcnews.go.com/Health/PatrickSwayze/patrick-swayzes-death-shows-tough-pancreatic-cancer/story?id=8583819) than those with private insurance, according to a new study whose authors say the finding underscores the need to expand coverage to the 46 million who lack it. According to the report, published today in the Journal of Public Health, lack of health insurance was a factor in the death of as many as 45,000 people in 2005. Researchers lead by Dr. Andrew Wilper, of the Cambridge Health Alliance, an affiliate of Harvard Medical School, conducted a survival analysis of data from 9,000 adults under the age of 64 who were enrolled in the Third National Health and Nutrition Examination Survey (NHANES III). Participants in the survey, which ran from 1986 through 1994, were asked questions about insurance, [health status](http://abcnews.go.com/Health/HeartHealth/story?id=8044313&page=1), [income](http://abcnews.go.com/Health/HealthCare/story?id=8454678), and education, among other things, and were examined by a physician.

Health Care Impact – Economy

Healthcare key to the economy

Business Week 8 (http://www.businessweek.com/investor/content/dec2008/pi2008125\_772719\_page\_2.htm)gw

To paraphrase and update a famous quote about [General Motors](http://bx.businessweek.com/general-motors/) ([GM](http://investing.businessweek.com/research/stocks/snapshot/snapshot.asp?symbol=GM)), what's good for health-care reform is good for the economy. (It would certainly be good for General Motors, too.) The case for long-term reform is compelling. The problems associated with America's badly frayed health-care system are well known. The country spends a world-beating 16% of gross domestic product on health, yet in international comparisons it lags behind a number of key measures. For instance, the U.S. ranks 29th in infant mortality and 48th in life expectancy. The number of people without health insurance was 38 million in 2007, and that number is guaranteed to have risen in the meantime with the recession that began a year ago. With universal health care, everyone under age 65 would be covered by a qualified health insurance company or through a government-sponsored program. (Those over 65 already have a version of universal coverage through Medicare.) Universal coverage would boost the economy in the short term. The reason is that the financial side of the health-care equation is deteriorating rapidly for the average American family. Some 41% of working-age adults—72 million people—had trouble paying their medical bills or were paying off accrued medical debt from the past year. (That's up from 34%, or 58 million people, in 2005.) Taken altogether, in 2007 an estimated 116 million people, or two-thirds of working-age adults, were either uninsured for a time, faced steep out-of-pocket medical costs relative to their incomes, had difficulties paying their medical bills, or didn't get the care they needed because of cost, according to the Commonwealth Fund Biennial Health Insurance Survey. Targeting fiscal stimulus toward universal coverage would help ordinary workers rather than Wall Street tycoons. It would also relieve a major source of economic insecurity for anyone handed a pink slip during the recession.

Healthcare key to reducing the deficit, creating jobs, and individual economic security

Stern 10 (Andy, International President, Service Employees International Union, <http://healthcare.nationaljournal.com/2010/01/reducing-the-uninsured-take-ii.php#1409097>, 1/28)gw

Our path forward must solve the healthcare crisis that has plagued this nation, dragged down our economy and cost too many lives. Fixing healthcare will reduce the deficit. It will create up to 4 million new jobs in cities and towns all around this country. Healthcare reform is undeniably linked to our economic recovery. And let’s not ever forget, it’s the right thing to do. And as President Obama made clear tonight, we cannot walk away from healthcare reform, we cannot walk away from the millions of families desperate for that security. This nation can – this nation must – meet this challenge now.

Health Care Impact – Economy

Healthcare reform reduces the deficit, cuts bankruptcies, and stops fraud

Amadeo 10 (Kimberly, Masters in Business from MIT, President of WorldMoneyWatch.com, 7/2, “Why Reform Health Care?”)gw

Health care reform is needed for four reasons. First, rising health care costs will outstrip Medicare and Medicaid payments and devastate the federal budget, in our lifetimes. The U.S. health care system contributes $2.5 trillion, or nearly 18%, to GDP, the highest percentage in the developed world. It is also twice as much per person as any other developed country. Second, health care reform is needed because, despite this cost, the quality of care is the worst in the developed world. Chronic diseases cause 70% of all U.S. deaths. Heart disease, diabetes, arthritis, and cancer affect 10% of all Americans. Third, health care reform is needed because 25% of Americans have little or no health insurance to cover their costs. Half of all bankruptcies result from medical costs, even though 75% of the filers were insured. Over 101,000 Americans die each year because they didn't have insurance. Fourth, health care reform is needed to stem the economic costs of fraud. Between 3-10% ($60-$200 billion) is lost to fraud. If those same percentages are applied to the $436 billion Medicare program, the cost of Medicare fraud is $14-$30 billion.

Health Care Impact – Economy

Health Care is key to increasing consumer spending – empirically proven

The Futures Company 10 (Trends and futures research consulting firm, http://blog.darwiniangale.com/2010/01/19/what-health-care-spending-means-for-consumer-goods)gw

Third, one hopeful benefit of health care reform will be a boost to consumer spending. This has not been discussed during the debate over health care, but reining in the costs of medical care such as insurance premiums will put more money in the hands of consumers. They can then spend more on other things. This could well be the kind of jumpstart needed in the consumer economy. While the impact of health care reform on consumer spending has received no attention in the U.S. health care debate, it is not an unknown tactic for stimulating spending. For example, one of the stated objectives of the health care reform introduced by the Chinese government early last year was freeing up consumer spending. One of the primary reasons why Chinese consumers have historically spent so little is that individual savings have been their only means of covering health care expenses. Last year, with the global in meltdown and Chinese exports in decline, the Chinese government stepped in to bolster its economy with a couple of aggressive fiscal stimulus programs. Freeing up savings through government-run, publicly-funded health care was one major initiative. As USA Today described it, “The new health care system could free the Chinese to spend more on goods instead of saving for future medical care.” Thinking of your brand competing for share of wallet with health care spending is not a common way of doing business planning. But as economic analyses show, this is, in fact, the competitive context for all consumer goods, the implications of which matter a lot in figuring out how to ride the recovery into renewed growth and success.

Consumer spending is key to economic recovery

CNN Money 10 (money.cnn.com/2010/05/03/news/economy/personal\_income\_spending/index.htm)gw

Consumer spending makes up about 70% of the U.S. economy. Economists are keeping a close eye on income and spending because so far, this has largely been a [jobless recovery.](http://moneymorning.com/archives/#topic.j.c.jobless-recovery) But the increase in spending is "a good sign," Robert Brusca, chief economist at FAO Economics told CNNMoney.com. "[The economy needs spending more than anything else right now](http://money.cnn.com/2010/05/03/news/economy/personal_income_spending/index.htm)," he said, adding that the savings rate will begin to go up once the recovery has reached "a more mature stage." "But right now we need spending," he said. "That's what will create jobs and move the economy ahead."

Solvency

Solvency – W Visas – Nurse Shortage

W visa eliminates nursing shortage

Visa Pro 10 (Immigration Law Firm, “US Visas for Nurses – Possible New W Visa,” http://www.visapro.com/How-VisaPro-Works.asp)gw

There is currently a huge shortage of nurses in the US; about 116,000 unfilled registered nursevacancies at U.S. hospitals and nearly 100,000 nurse vacancies at Nursing homes. On February 11, 2009, a new Nurse Relief Act was introduced in the House - HR 1001. This would introduce a new non-immigrant W visa category for nurses with an annual cap of 50,000.Federal laws relating to recruitment of qualified foreign nurses in order to operate at an efficient and effective level.

Solvency – Nurse Shortage

Filipino nurses key to solving nursing shortage in United States- more visas need to be made available

Hampton, June 15 (Maricar C. P. Hampton, Correspondent, New America Media/Philippine News, http://imdiversity.org/villages/global/careers\_workplace\_employment/nam\_filipino\_burses\_0610.asp)

Hannah Baslio had a difficult time when she first came to the United States four years ago and took a job as a nurses’ aide in a large New Jersey nursing home. After a year of back-breaking work with too many patients and frequent double shifts, Baslio—one of the thousands of Filipina nurses or aides providing care to U.S. seniors--eventually moved to Maple Hill, a small group home in Maryland. There, she not only earns enough to help her family back home, but she grew to care for the seniors “in memory of my grandma, it’s like taking care of my family.” “You have to have the right kind of heart and a lot of patience for this job. It’s not easy but if you love your job it’s easier,” Baslio said. For decades the United States has turned to Filipina nurses, such as Baslio, and those from other countries, especially China, the Caribbean and India, to fill its growing shortage of nurses and nurses’ aides. American long-term care companies actively recruit nurses from the Philippines because of its U.S. style health care education programs. Yet, despite the American nursing shortage, so many Filipino health care workers—even those with promised jobs—are caught in an effective freeze on U.S. work visas -- there is a seven year waiting period for admittance to the U.S. According to Philippine Embassy Labor Attaché Luzviminda Padilla**, “**There is still a shortage of health care professionals, but whether or not these shortages will be filled by Filipinos, we cannot tell because currently we are experiencing difficulty in obtaining releases of visas for Filipino nurses and other caregivers.” The U.S. nursing shortage is only expected to worsen as the huge boomer generation ages. The 78 million boomers start going on Medicare in 2011, as the first of them turn 65. And modern gains in longevity have given many of them very elderly parents. The U.S. Bureau of Labor Statistics projects that the country will need more than one million new and replacement nurses by 2016. A 2004 report by the Immigration Policy Center titled “National Health Worker Shortage and the Potential of Immigration Policy,” found that 1.1 million immigrants account for 13 percent of heath care providers in the United States. The study stressed, “**Foreign**-born professionals play a crucial role in filling severe shortages within the two largest health care occupations: physicians and nurses.” The center reported that in the U.S., 25.2 percent of all physicians; 17 percent of nursing, psychiatric and home health aides; and 11.5 percent of registered nurses come from other countries. “In long-term care, in many nursing homes, particularly in the West Coast, the vast majority of the director of nursing and the licensed practical nurses, who are working on the frontline as supervisors are from the Philippines,” said Robyn I. Stone, executive director of the Institute for the Future of Aging Services at the American Association of Homes and Services for Aging in Washington, D.C. Stone continued, “Filipino nurses have been a very important part of the management structure and frontline-supervisor structure in many nursing homes, as well as other settings.” Stone, a former head of the U.S. Administration on Aging in the Clinton administration, said she is especially concerned about the alarming lack of nurses: “It’s just going to get worse, partly because it is really difficult to attract nurses into the long-term care.” In a recent speech on health care, President Barack Obama called for more nurses to care for the aging population. But not many nurses are educated in geriatric care. Overall, the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) officials states that “to meet the projected growth in demand for RN services, the U.S. must graduate approximately 90 percent more nurses from U.S. nursing programs.”

Solvency – Nurse Shortage

Expansion and extension of H-1C is crucial to meet nurse shortage

Tsitouras and Lopez 9 (Diomedes J. Tsitouras, J.D., 2009, Indiana University School of Law, AND Maria Pabon Lopez, Professor of Law, Indiana University School of Law, 12 J. Health Care L. & Pol'y 235 2009 L/N)

The H-1C program should be expanded beyond the current 500 visas and fourteen U.S. hospitals. It should also be extended beyond its current expiration. A deficit forecast of one million nurses by the year 2020 demands a comprehensive approach. n219 While increased investment in nurse education, increased outreach to youth, better pay, mandatory staffing ratios, and Magnet status are all important parts of a solution, each line of attack has its limitations. These limitations are sometimes a function of economics. For example, in the case of pay, the factors that work to undercompensate nurses are unlikely to change in the near future. n220 Other restrictions on reform may be political. As the Nurse Reinvestment Act debate illustrates, a Democratic Congress may fight cuts in nursing education. [\*258] However, the minimal impact of restoring funding that was inadequate originally shows just how far legislators need to go in order to solve this problem.

Expansion would immediately relieve the overworked and burned out

Tsitouras and Lopez 9 (Diomedes J. Tsitouras, J.D., 2009, Indiana University School of Law, AND Maria Pabon Lopez, Professor of Law, Indiana University School of Law, 12 J. Health Care L. & Pol'y 235 2009 L/N)

An expansion of the H-1C program would alleviate shortages expeditiously. For instance, an expansion of the program would have an immediate positive effect on retention by supplementing overworked, burned out nurses retiring early and dropping out. In addition, much of the infrastructure to increase the program is already in place. Established kinship networks and professional recruiting agencies are already in place in oversupplied nations such as India and China. n222 The Chinese Nurses Association (CNA) is a good example. The CNA has signed an agreement with a foreign recruiting agency to assist nurses with CGFNS examination preparation and immigration procedures. n223 The CNA believes that if nurses receive foreign training, these nurses, upon return, will elevate standards of care, help reform government policies, and increase respect for the nursing profession. n224

AT: Foreign Nurses Aren’t Qualified

The US has strict requirements for nurse certification

Aiken & Cheung, 2008 (Linda H. Aiken and Robyn Cheung. NURSE WORKFORCE CHALLENGES IN THE UNITED STATES: IMPLICATIONS FOR POLICY. Organisation for Economic Co-operation and Development. 01 Oct 2008. http://www.who.int/hrh/migration/Case\_study\_US\_nurses\_2008.pdf)

The U.S. has stringent requirements for licensing nurses compared with most other countries, and requires all domestic and international nurses to pass the NCLEX-RN or NCLEX-PN examination for licensure to practice. As a point of comparison, the U.K. does not have a licensure examination and credentials reviews are conducted by employers.

The Appendix provides information on visa requirements and types. In brief, a VisaScreenTM certificate must be received before the U.S. Citizenship and Immigration Services will issue an occupational visa. To obtain the certificate the following are required: a credentials review of the applicant’s professional nursing education and licensure to ensure comparability to U.S. requirements, a major one being that nursing education must have been at the post-secondary school level; successful completion of required English language proficiency examinations; and successful completion of either the Commission on Graduates of Foreign Nursing Schools (CGFNS) Qualifying Examination or the NCLEXRN examination.

Counterplan Answers

AT: Domestic Nurses CP – Fails

Domestic Initiatives to enhance nursing investment have failed

Tsitouras and Lopez 9 (Diomedes J. Tsitouras, J.D., 2009, Indiana University School of Law, AND Maria Pabon Lopez, Professor of Law, Indiana University School of Law, 12 J. Health Care L. & Pol'y 235 2009 L/N)

Very few young people are entering the nursing profession. In 2006 and 2007, enrollment in nursing schools in the United States increased by only 4.98%. n57 These schools turned away 30,709 qualified applicants from baccalaureate and graduate programs. n58 This stemmed from insufficient personnel, clinical sites, and classrooms. n59 Nearly three quarters of schools have experienced a nursing faculty shortage. n60 The Health Resources and Services Association estimates that in order to meet demand, the United States must graduate approximately 90% more nurses than current baseline projections. n61 Thus, it is unlikely that graduating more nurses alone will solve the problem.

Kentucky, Florida, and California have provided grants, loan repayments, and scholarships to nursing programs. n62 Congress has also attempted to boost investment in nursing education, but has been only marginally successful. n63 The [\*242] Nurse Reinvestment Act of 2002 is one such example. n64 After being signed into law by President George W. Bush on August 1, 2002, n65 its funding has failed to make a meaningful impact on the nursing shortage. n66 The Nurse Reinvestment Act establishes nurse scholarships, provides for loan cancellation for nurse faculty, assists hospitals with retention, and encourages career ladders. n67 It also establishes a National Nurse Service Corps, which provides tuition, a stipend, and expenses for students who agree to work in a shortage area for two years. n68 While Congress and the President agreed further investment was needed, n69 actual appropriations have been inadequate. n70 Thus, "to the credit of its supporters [the Nurse Reinvestment Act] has received some funding, though not much relative to other federal programs, and not enough to have a meaningful impact." n71 President Bush proposed cutting nursing workforce programs from $ 157 million in 2008 to $ 110 million for the 2009 fiscal year. n72 The President also proposed elimination of the $ 62 million for the Advanced Education Nursing Program. n73 Nursing unions and organizations lobbied to increase funding to at least $ 200 million. n74 Current [\*243] attempts are comprehensive health reform also include policies aimed at developing the nursing workforce. n75 Legislation pending in Congress would building on the Nurse Reinvestment Act by expanding loan amounts and training to faculty. n76 However, even with reform, these efforts are inadequate to provide for the estimated 90% increase in nursing graduates needed to alleviate the shortage in twelve years.

AT: Domestic Nurses CP – Permutation

Obama supports training for domestic nurses, while employers demand foreign workers—both key to solving workforce shortage

Carlson 2009 (Joe. Importing care; Some support visas for nurses; Obama doesn’t. *Modern Healthcare*. 29 March 2009. Lexis Nexis.)

As the nurse shortage balloons, leaders in Washington are pushing competing philosophies on whether the problem is best addressed by training larger numbers of American nurses or granting more visas to foreign-born nurses. At least two bills on the issue are pending in Congress, and a third is expected in coming weeks.

Employers and their advocates want to ramp up the use of visas for immigrant nurses to fill the thousands of nursing jobs already vacant across the country, particularly in California, Florida and Texas. Labor and nursing officials would rather see more energy spent on training nurses domestically. President [Barack Obama](http://www.lexisnexis.com.mantis.csuchico.edu/us/lnacademic/search/XMLCrossLinkSearch.do?bct=A&risb=21_T9826720427&returnToId=20_T9826720497&csi=8291&A=0.173086543159383&sourceCSI=9369&indexTerm=%23PE000A0BO%23&searchTerm=Barack%20Obama%20&indexType=P)has left little doubt on where he stands on the question.``The notion that we would have to import nurses makes absolutely no sense,'' [Obama](http://www.lexisnexis.com.mantis.csuchico.edu/us/lnacademic/search/XMLCrossLinkSearch.do?bct=A&risb=21_T9826720427&returnToId=20_T9826720497&csi=8291&A=0.173086543159383&sourceCSI=9369&indexTerm=%23PE000A0BO%23&searchTerm=Obama%20&indexType=P)said March 5. ``There are a lot of people (in the U.S.) who would love to be in that helping profession, and yet we just aren't providing the resources to get them trained—that's something that we've got to fix. That should be a no-brainer.''

The next day, the U.S. State Department announced that the wait time for the type of work visa that includes nurses had lengthened from four to six years. The ``retrogression'' of the wait time was enacted ``to help ensure that the amount of future demand is significantly reduced,'' according to the State Department. Officials from the White House and the State Department who spoke on condition of anonymity said last week that the timing was a coincidence. The State Department official said the change was prompted by unexpectedly high demand, and he noted that the longer waiting time limited only the volume of applications, not the number.

Not so, said Los Angeles immigration lawyer Carl Shusterman. Lengthening the delay does effectively decrease the number of professionals who immigrate because the applicants often take on new spouses and children during the years they wait. ``It's very disappointing. I'm all for training American nurses, but even if [Obama](http://www.lexisnexis.com.mantis.csuchico.edu/us/lnacademic/search/XMLCrossLinkSearch.do?bct=A&risb=21_T9826720427&returnToId=20_T9826720497&csi=8291&A=0.173086543159383&sourceCSI=9369&indexTerm=%23PE000A0BO%23&searchTerm=Obama%20&indexType=P)made it his first priority, it would take several years,'' he said.

Rep. John Shadegg (R-Ariz.) proposed the Nursing Relief Act of 2009, which would allow up to 50,000 new visas per year. Meanwhile the Nurses' Higher Education and Loan Repayment Act of 2009, introduced by Rep. Tom Latham (R-Iowa), would establish a graduate degree loan-repayment program for nurses who agree to become school faculty.

Rep. Robert Wexler (D-Fla.) plans to reintroduce the Emergency Nursing Supply Relief Act in coming weeks, Wexler's spokeswoman Ashley Mushnick said. Last year's failed version would have allowed 20,000 more visas for healthcare, and forced the sponsoring employers to pay for domestic nurse education.

Estimates vary widely about the true depth of the current shortage of nurses from as low as 126,000 to more than 200,000. Figures are similarly murky on how many nurse visas are granted each year. Del Garbanzos, director of human resources at 156-bed Delano (Calif.) Regional Medical Center, would like to see the visa numbers increase for healthcare. Garbanzos said importing nurses appears to be the only way to meet her hospital's staffing needs because opportunities to sponsor students at nursing schools are so limited.

Labor groups like the Service Employees International Union oppose the visas as a ``Band-Aid, not a cure.'' The American Hospital Association and the American Nurses Association agree on compromises that recognize that nurse visas are a short-term but necessary solution, and both associations supported Wexler's legislation last year. But the AHA wants to expand the visa allotment, while the ANA would rather see as few nursing visas granted as possible.

AT: Domestic Nurses CP – Insufficient Pay

Insufficient pay makes nursing less appealing career

Tsitouras and Lopez 9 (Diomedes J. Tsitouras, J.D., 2009, Indiana University School of Law, AND Maria Pabon Lopez, Professor of Law, Indiana University School of Law, 12 J. Health Care L. & Pol'y 235 2009 L/N)

Insufficient pay is one reason the nursing shortage persists. For example, one research study determined that a wage increase as small as 3.2% to 3.8% would lead to a 6.2% growth in nurse graduation rates. n77 While pay did not change over the 1990s, the increases that occurred between 2001 and 2003 were followed by 183,500 nurses entering the labor market. n78 Hence, if nurses were paid at a higher rate, those currently not working would likely enter the market and the shortage would diminish. Further, the number of nurses leaving the profession would likely decrease. However, hospitals have not resorted to pay increases as a solution. Instead, they have utilized one-time hiring bonuses, temporary workers, and overtime to meet their staffing needs. n79

Nurse pay has unique characteristics. First, it levels off after only a few years upon entering the workforce, and is not always commensurate with a nurse's education. n80 Further, unlike other hazardous health professions, there is little additional compensation for the exposure to assault, blood-borne pathogens, and work-related allergies. n81 There are several theories attempting to explain the stagnation of nurse pay. These include inadequate labor market mobility, collusion among local hospital administrators, gender bias, and excessive nurse loyalty to employers. n82 Further, since the managed care reforms of the 1990s limited health care spending, hospitals have faced mounting challenges in balancing their books. n83 In fact, the managed care system has been linked to less RN employment and [\*244] earnings. n84 The special traits of nurse pay may be one reason why it has not increased to alleviate the shortage.

In addition, nursing salaries can be as much as one-fifth of a hospital's budget. n85 It is estimated that total RN ex-penditure would have to double over the next ten years to prevent the shortfall. n86 Hence, increased pay is unlikely to be advanced as a solution.

AT: Domestic Nurses CP – Burnout

Lack of adequate staffing results in nurse burnout

Tsitouras and Lopez 9 (Diomedes J. Tsitouras, J.D., 2009, Indiana University School of Law, AND Maria Pabon Lopez, Professor of Law, Indiana University School of Law, 12 J. Health Care L. & Pol'y 235 2009 L/N)

Working conditions also influence the strength and numbers of the nurse workforce. The connection between the lack of staffing and nurse burnout is well known. n87 With fewer staff, nurses must attend to more patients. They become more fatigued and experience increased stress levels. Some of these nurses eventually resign from their positions. Furthermore, even RNs new to the profession experience burnout. A survey of newly licensed RNs found that 13% had already changed their jobs and over a third felt ready to change jobs after just one year in practice. n88 Both the states and the federal government have attempted to address this challenge. California became the first state to enact mandatory nurse-to-patient ratio legislation. n89 The law, signed by Governor Gray Davis on October 10, 1999 and effective on January 1, 2002, required that hospitals have no more than six patients per nurse for general, medical/surgical, and neonatal units, and one patient per nurse in operating rooms. n90 The California Hospital Associa-tion fought this measure vigorously, claiming that it would cost $ 400 million and force hospital closures. n91 The Cali-fornia Nurses Association disputed this projection, arguing that the additional staffing costs would be recouped by pa-tients leaving the hospital [\*245] sooner, by savings from not hiring additional temporary nurses, and from less attri-tion due to burnout. n92 Hospitals sued to stop the legislation from going into effect and failed. n93 With pressure from these facilities, Gov-ernor Arnold Schwarzenegger attempted to implement regulations not in accordance with the statute, unilaterally changing emergency room and medical/surgical unit requirements. n94 A court found that the Governor overstepped his authority and blocked his changes. n95 Initial reports are inconclusive as to whether the mandatory nurse-to-patient ratios have been successful. Early signs are encouraging. There has been a 60% increase in license applications from out-of-state nurses seeking work in California, and job satisfaction has also improved. n96 Staffing requirements have also prompted the state to invest more in nurse education. n97 The state of California spent $ 18 million for nurse educa-tion partnerships with health facilities, apprenticeships, and additional faculty recruitment. n98 Although the California Nurses Association disputes these findings, n99 there is some evidence that emergency room wait times and ambulance diversions have increased. n100 One study showed that higher nurse-to-patient ratios had little effect on adverse patient outcomes. n101 Other states have proposed similar legislation; however, none has been enacted as of this writing. n102 Some have pursued a wait- [\*246] and-see approach, awaiting data on the link between nursing ratios and adverse patient outcomes. n103 At the federal level, the proposed Registered Nurse Safe Staffing Act (RNSSA) would have required minimum le-vels of nursing without setting specific ratios. n104 Instead, the RNSSA would have set up staffing plans, which mandate hospital staffing levels commensurate with levels of care and other factors. n105 Unlike California, staffing plans leave the actual ratios up to the individual hospitals. Nurse-to-patient ratio adjustments should be part of any long-term solutions. However, they alone will not be enough to overcome the need for more nurses nationwide.

AT: Domestic Nurses CP – Burnout

Lack of adequate staffing results in nurse burnout

Tsitouras and Lopez 9 (Diomedes J. Tsitouras, J.D., 2009, Indiana University School of Law, AND Maria Pabon Lopez, Professor of Law, Indiana University School of Law, 12 J. Health Care L. & Pol'y 235 2009 L/N)

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AT: Domestic Nurses CP – Not Qualified

There are not enough educational opportunities for nurses in the US.

Dugger 06, Celia. "U.S. Plan to Lure Nurses May Hurt Poor Nations." *The New York Times - Breaking News, World News & Multimedia*. 24 May 2006. Web. 29 July 2010. <http://www.nytimes.com/2006/05/24/world/americas/24nurses.html?\_r=1&pagewanted=print>. JRL

The American Nurses Association, a professional trade association that represents 155,000 registered nurses, opposes the measure. The group said it was concerned the provision would lead to a flood of nurse immigrants and would damage both the domestic work force and the home countries of the immigrants.

“We’re disappointed that Congress, instead of providing appropriations for domestic nursing programs, is outsourcing the education of nurses,” said Erin McKeon, the group’s associate director of government affairs.

Holly Burkhalter, with Physicians for Human Rights, an advocacy group, said the nurse proposal could undermine the United States’ multibillion-dollar effort to combat AIDS and malaria by potentially worsening the shortage of health workers in poor countries. “We’re pouring water in a bucket with a hole in it, and we drilled the hole,” she said. There are now many more Americans seeking to be nurses than places to educate them. In 2005, American nursing schools rejected almost 150,000 applications from qualified people, according to the National League for Nursing, a nonprofit group that counts more than 1,100 nursing schools among its members. One of the most important factors limiting the number of students was a lack of faculty to teach them, nursing organizations say. Professors of nursing earn less than practicing nurses, damping demand for teaching positions.

Disadvantage Answers

AT: Generic DA – Importation Now

The US is the largest importer of foreign nurses

Aiken & Cheung, 2008 (Linda H. Aiken and Robyn Cheung. NURSE WORKFORCE CHALLENGES IN THE UNITED STATES: IMPLICATIONS FOR POLICY. Organisation for Economic Co-operation and Development. 01 Oct 2008. http://www.who.int/hrh/migration/Case\_study\_US\_nurses\_2008.pdf)

Healthcare organizations in the United States have actively recruited professional nurses from abroad for over 50 years in response to cyclical nurse shortages in hospitals and nursing homes (Brush and Berger, 2002; Aiken, Buchan, Sochalski, Nichols, & Powell, 2004; Aiken, 2007; Polsky, Ross, Brush, Sochalski, 2007). Until the early 1990s, the inflow of registered nurses educated abroad generally did not exceed 4 000-5 000 a year (Buerhaus et al., 2004). But in the period 1994 through 2006, the annual number of newly licensed registered nurses from abroad tripled to more almost 21 000 in 2006 (see Table 7) making the U.S. the largest importer of professional nurses in the world. Foreign educated nurses increased as a percent of new entrants from 9% in 1990 to 16% in 2006. Immigration of persons in the category of practical or vocational nurses has remained constant over time at about 1 400 a year accounting for about 2% of new LPN entrants to the workforce. For the most part trends in nurse immigration parallel trends in enrollments in nursing schools. Both enrollments, as argued earlier, and immigration are driven by employer demand, particularly in the hospital sector. If there are fewer jobs, nursing school enrollments decline as does nurse immigration because hospitals are not recruiting at home or abroad.

The US is the primary destination for migrant nurses

Aiken & Cheung, 2008 (Linda H. Aiken and Robyn Cheung. NURSE WORKFORCE CHALLENGES IN THE UNITED STATES: IMPLICATIONS FOR POLICY. Organisation for Economic Co-operation and Development. 01 Oct 2008. http://www.who.int/hrh/migration/Case\_study\_US\_nurses\_2008.pdf)

The U.S. is the destination of choice for many migrating nurses from both developed and lower income countries because of high wages, opportunities to pursue additional education, and a high standard of living (Kingma, 2006). The prolonged nurse shortage in the U.S. and the large shortage projected for the future have motivated more nurse recruitment abroad by hospital employers and commercial recruiting firms (Brush, Sochalski, & Berger, 2004). Almost 34 000 foreign educated nurses took the NCLEX-RN registered nurse license exam in 2005 (44% passed), suggesting a great deal of interest among foreign educated nurses in working in the U.S. (National Council of State Boards of Nursing).

Close to a third of the estimated 218 720 foreign educated nurses in the U.S. are from the Philippines. The second most important source region for foreign born nurses is the Caribbean and Latin America which has contributed almost 50 000 nurses. Western developed countries including Canada, Western Europe, Australia and New Zealand rank third with a total of almost 33 000 nurses (see Table 9).

AT: Crowd-Out DA

Foreign Born Nurses Won’t Displace US Nurses.

**Shusterman**, Carl. “Where are the Foreign Nurses?” September 9, **2008**. <http://www.paahcr.com/downloads/foreign_nurses.pdf>. KES.

Do foreign-trained nurses displace U.S. nurses? Given a national hospital nurse vacancy rate of over 8%, as reported by the American Hospital Association, that doesn’t seem likely. And, given projections that the U.S. will be anywhere from 340,000 to one million nurses short by the year 2020, it seems improbable that foreign nurses will displace U.S. nurses any time in the near future.

AT: Wage Deflation DA

Foreign-educated nurses are a very small percentage of the US workforce, and adding more to the workforce would not hurt wages or employment of native-educated nurses.

NFAP 7 (National Foundation for American Policy, F O R E IGN - E D U C A T E D N U R S E S : A S M A L L B U T I M P O R T A N T P A R T O F T H E U . S . H E A L T H WOR K F O R C E Policy Brief October 2007, <http://www.nfap.com/pdf/071003nurses.pdf>)

Foreign-educated nurses play a vital role in relieving shortages at many U.S. hospitals. However, the entry of most foreign nurses is blocked or delayed for years due to a failure to increase immigration quotas or establish an appropriate temporary visa category for nurses. Despite acknowledged nursing shortages, U.S. immigration policy actually treats nurses worse than other professions. The medical literature shows nursing shortages contribute to death and illness for U.S. patients. While foreign-educated nurses are only one solution, research and interviews find relief from strict immigration quotas would help patients, hospitals and the nation as a whole.

- Fears that foreign nurses would overwhelm the U.S. labor market and dissuade hospitals from active recruitment of U.S. nurses are unfounded. Foreign nurses represent only 3.7 percent of the U.S. registered nurse workforce, well below New Zealand (23 percent), the United Kingdom (8 percent), Ireland (8 percent) and Canada (6 percent).

- Contrary to concerns that foreign nurses would harm the salaries of U.S. nurses, in an authoritative Department of Labor-funded analysis on the impact of foreign nurses in the 1990s World Bank economist Ruth Levine found “There was no evidence that the increased access to foreign labor under the law had negative short-term effects on the wages, benefits or working conditions in area hospitals . . . In addition, and contrary to common beliefs, we found that foreign nurses were not paid less than U.S. nurses.”

- Nursing salaries are not flat or falling. According to a May 2007 Legislative Analyst’s Office study of nurses in California: “Salaries for registered nurses have increased considerably in recent years. The average annual salary for a full-time nurse increased from about $52,000 in 2000 to $69,000 in 2006, an increase of 32 percent over the six-year period (13 percent after adjusting for inflation).”

AT: Brain Drain DA – No Link

The brain drain theory of nurses is false. Even if restrictions were made nurses would be able to find work in other countries.

NFAP07(National Foundation For American Policy, NFAP Policy brief http://www.nfap.com/pdf/071003nurses.pdf)BNS

While some argue America is encouraging a “brain drain” of nurses from developing countries, in fact, many foreign-educated nurses go to nursing school with the intention of working abroad and helping their families. Given the important role of remittances to local economies, the Philippines and India encourage work abroad for their nationals. In fact, a family receiving remittances in a foreign country may be up to 10 times more likely to have a child remain in school.16 Even if the United States were to restrict the admission of foreign nurses (essentially our current policy), such nurses would still find work in Saudi Arabia, the United Kingdom and other countries.

Shortage of nurses in developing donor countries are caused by lack of funds and ineffective domestic policies

Kingma, 2007 (Mireille. Nurses on the Move: A Global Overview. HSR: Health Services Research 42:3, Part II ( June 2007) http://www3.interscience.wiley.com/cgi-bin/fulltext/117996596/PDFSTART)

Yet, within a context of shortage there are nurses in developing countries, professionally qualified but without employment. This is a modern paradox—— nurses willing to work but refused posts by national health systems unable to absorb them, not for lack of need but for lack of funds and/or sector reform restrictions. WHO confirms that ‘‘paradoxically, . . . insufficiencies often coexist in a country with large numbers of unemployed health professionals’’ (2006, p. xviii). For example, although half of all nursing positions in Kenya are unfilled, a third of all Kenyan nurses are unemployed (Volqvartz 2005). Despite reports that Kenya must double its hospital nursing workforce to achieve the MDGs, 7,000 registered nurses were unemployed at the beginning of 2006 (Associated Press 2006). In South Africa, there are 32,000 nurse vacancies in the public sector and 35,000 registered nurses are either inactive or unemployed (OECD 2004).

‘‘Ghost workers’’——persons who appear on payrolls but do not exist at workplaces——block access to health worker positions. An estimated 5,000 ghost workers exist in Kenya alone (Dovlo 2005). This further worsens nurse to patient staffing ratios by giving an on-paper illusion that hospitals are adequately staffed.

AT: Brain Drain DA – Link Turn

Nursing migration grows the economy of the home country

Asiedu 10 (Alex Boakye Asiedu, Ph.D., Hokkaidu University, 53 (1), April 2010, African Studies Review)

The second school of thought, which is more contemporary, is the "migration optimist" viewpoint. It argues that migration results in several benefits to the so-called source (or lagging) regions and that it is, in fact, a major factor contributing to economic development (see [Nyberg-Sorensen et al. 2002](http://muse.jhu.edu/journals/african_studies_review/v053/53.1.asiedu.html" \l "b29); [Kapur 2003](http://muse.jhu.edu/journals/african_studies_review/v053/53.1.asiedu.html" \l "b20)). There are several variants to this viewpoint. According to Mountford ([1997](http://muse.jhu.edu/journals/african_studies_review/v053/53.1.asiedu.html" \l "b27)), for example, the sending countries benefit from the emigration possibilities offered by higher-wage countries simply because such opportunities stimulate individuals to pursue higher education, if only in anticipation of finding well-paying jobs abroad (see also [Hart 2006](http://muse.jhu.edu/journals/african_studies_review/v053/53.1.asiedu.html" \l "b16)). Chand and Clemens ([2008](http://muse.jhu.edu/journals/african_studies_review/v053/53.1.asiedu.html" \l "b11)) demonstrate that in Fiji, the prospect of emigration to skill-selective destinations has greatly enhanced human capital investment in the country, and that this increase has been large enough to raise the country's own stock of human capital, despite high levels of [End Page 65] skilled labor migration. In other countries as well—notably, India and the Philippines—the education and training of professionals produces an excess of what the external market can absorb ([Faist 2008](http://muse.jhu.edu/journals/african_studies_review/v053/53.1.asiedu.html" \l "b13)).

**Many benefits from importing foreign nurses**

Ross 05 (Nursing shortages and international nurse migration.International Nursing Review 52, 253–262 S.J. Ross City Research Scientist, New York City Department of Health and Mental Hygiene, New York, NY, USA)

Inspection of the NMC data and the results of our regression model highlight the differential impact of nurse migration on rich and poor nations. Not only do more nurses migrate from poor countries, but this higher level of migration occurs within the context of a smaller stock of nursing resources. Examining the pattern of international nurse migration which has emerged in response to the shortage of nurses in the UK informs our understanding of the characteristics of countries likely to be affected by a US strategy of attracting foreign-trained nurses. Our results suggest that were the USA to seek to increase the immigration of foreign nurses, a high proportion would be extracted from low-income, English-speaking countries that already engage in trade with the USA. These benefits are not necessarily one-sided. For some source countries nurse migration provides significant benefits through remittances and the opportunity for nurses to develop skills that could improve health care in their home countries when nurses return. More broadly, the increased movement of nurses, both inter and intra-country migration, underscores the importance of developing an improved monitoring system so that the implications of these flows, both positive and negative, can be identified and managed as needed.

AT: Brain Drain DA – Link Turn

The brain drain is false. Lessening restrictions actually increases the number of nurses and other specialized workers. Cali08. (Massimiliano, *ODI,*p.98 http://www.odi.org.uk/resources/download/1205.pdf)BNS

The basic argument of supporters of the brain drain hypothesis goes as follows: if the 41% of the total tertiary-educated workforce who had migrated from Caribbean countries by 2000 (Docquier and Marfouk 2006) had remained at home, the economies of those countries would have benefited as these skills could have been used productively in the economy. However, this hypothesis clashes with two opposing arguments. First, there are doubts that these skilled migrants would have been able to use their skills productively in the source country. After all, the lack of adequate opportunities is often the key factor in a migrant’s decision to leave. Second, and more importantly, what really hap­pens to the availability of skills in the source coun­try in the absence of migration? Growing evidence suggests that migration can act as a stimulus to the skills base. By raising the expected returns on education, the opportunity to migrate can drive the acquisition of skills, particularly in certain professions (so-called ‘brain gain’). Evidence on skilled migration from Cape Verde suggests that migration has encour­aged the accumulation of human capital. Almost 40% of Cape Verdean university graduates would not have enrolled in university had they not had the opportunity to migrate (Batista et al., 2007). Our own new research indicates that the rapid growth in migration opportunities for Indian nurses has made the nursing profession more attractive. This has generated a disproportionate increase in the ‘production’ of nurses and, therefore, in domestic availability (Calì, 2008). It is obvious that the Mozambican health system would benefit if the 1,334 Mozambican physicians who were working abroad in 2000 (75% of the total physicians produced by the country) (Clemens and Patterson (2006) were working in the country’s under-staffed hospitals. However, it is also clear that restricting migration is far from being the best option to try to achieve a suitable level of adequate skills. Sowhat policies can be promoted to that end? As economic development is the most effec­tive condition to retain and attract skilled labour, sending countries’ policies to promote develop­ment are the best tools to achieve the objective. Along with providing support for those policies, receiving countries may also help to develop a number of migration-specific policies. First, they could provide funds to expand the ter­tiary training capacity of source countries in those areas where out-migration is strongest. This would help address two problems: first, the lack of skilled labour in most developing countries; second, the perverse situation whereby the public education systems of developing countries ‘subsidise’ the economies of receiving countries.

AT: Philippines Economy DA – Economy Weak

Philippine economy down now – can’t catch up in the next 50 years

Thai Press Reports 7/28 (“PHILIPPINES BSP SAYS PHILIPPINES NEEDS 10% ANNUAL GROWTH FOR 50 YEARS TO CATCH UP WITH NEIGHBORS,” Lexis)gw

The Philippines needs to grow 10 percent annually for the next 50 years to catch up with its neighbors, the Bangko Sentral ng Pilipinas (BSP) said. We are more lagging behind our neighbors in terms of economic growth. We need to use our resources as leverage if we want to catch up, said Diwa Guinigundo, deputy governor of the monetary stability sector of BSP. Guinigundo was in Cebu Friday for the BSP Stakeholders 2010 Awards Ceremony. He said the country needs to make full use of its advantages like agriculture, its people and other resources to achieve development. He said industry components like the creative and food industry are worth developing.

**Philippine economy weak now- stagnant, corrupt, and lack of experienced leadership make hope for improvement slim**

**Tifft,1**( Susan Tifft, Journalist for Time Magazine “The Philippines Now the Hard Part”, <http://www.time.com/time/magazine/article/0,9171,143272,00.html>, June 24, 2001)

**Sweet as Aquino's victory was, the morning after for her fledgling government came all too soon**. The triumph over Marcos may soon seem easy, compared with the tasks ahead. **The once promising Philippine economy is moribund. The military is factionalized and riddled with corruption. A Communist insurgency mounted by the New People's Army threatens large areas of the 7,100-island archipelago.** To this staggering array of ills, Aquino brings a moral force and a popularity that will buy her the indulgence and goodwill of the Filipino people, at least for a while. **"There are big problems in the + Philippines," said a senior U.S. State Department official last week. "**We have always felt that only a government that enjoyed a genuine popular mandate could effectively address them." There is no question that **Aquino**, who was transformed from mere symbol to forceful leader over the past six months, has the mandate. What she **lacks** is **experience in governing**. At her first presidential conference, Aquino asked the country for patience. "I'm doing my very best," she said. "I only wish that people would give us time."

AT: Philippines Economy DA – Migration Now

Developing countries need their nurses, suffer from recruitment

Brush et. al, 2004 (Barbera L., Julie Sochalski, and Anne M. Berger. Recruiting Foreign Nurses To U.S. Health Care Facilities Health Affairs, May/June 2004; 23(3): 78-87.)

As the United States and other developed countries look to international nurse recruits to balance their national nurse supply and demand, however, sending countries are increasingly questioning the impact on their own health care systems. In perhaps the most striking example, the Wall Street Journal noted that the growing number of Filipino nurses migrating abroad is creating a domestic shortage and beginning to strain the Philippines’ health care system rather than providing an economic benefit as it had in previous years.18 A growing number of other countries are facing a situation similar to that of the Philippines. New offshore recruiting initiatives by developed countries have targeted English-speaking nurses from sub-Saharan Africa, Southeast Asia, and the Caribbean. Experienced nurses, especially those with specialty skills in surgical, neonatal, or critical care nursing, are in particularly high demand.

AT: Philippines Economy DA – No Link

There is no brain drain happening to the Phillipines in regards to nurses; the supply far outweighs any demand increase the US may have.

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Oplas 6 (Bienvenido, President of Minimal Government in the Phillipines, <http://www.minimalgovernment.net/media/fm_200605.pdf>)

The effect of nurse emigration on the countries of origin is not that simple,

despite yesterday's somber New York Times piece, "U.S. Plan to Lure Nurses May

Hurt Poor Nations." Yes, the Philippines has been the world's top exporter of nurses for decades, but today it has more nurses than almost any other country in its income group. According to the World Health Organization (PDF), it actually has more nurses per capita than Great Britain. Why? Because there is no such thing as a fixed quantity of nurses to be "drained" from the Philippines or Africa, like petroleum from the ground. People -- in this case mostly low-income women -- react to global markets and change their career plans accordingly. Many Filipinas wouldn't have become nurses if not for the migration opportunity, and thus are not 'lost' in any sense when they depart. Africans are starting to follow suit, opening career paths for professional women who would otherwise have few. This should not be discouraged through closed immigration policy, but rather taken advantage of -- through the establishment of for-export nurse training programs as the Philippines has done en masse. Unlike petroleum, these women are human beings. They have rights and ambitions whose fruition in the United States is a beautiful thing." Mr. Clemens is right. In the Philippines now, many career people shift to nursing so they can easily be hired in the US, Canada and UK. Physicians and doctors, engineers and architects, lawyers and managers, teachers and civil servants, among others, have shifted career, studied nursing, passed the nursing board exams, and waited for their turn to be hired abroad. **The supply of nursing students have greatly increased, and the number of private colleges and universities, as well as private hospitals offering BS nursing, have also increased. There will be no "under-supply" in the nursing and health professionals in the Philippines as there is a steady stream of new students and other professionals shifting career to the health sector**. Although admittedly, there are some short-term problems, like large-scale exodus of experienced nurses and doctors from provincial hospitals, creating an immediate "vacuum" of experienced health professionals in some parts of the country. But there are also short-term and immediate gains, like ever-increasing

remittances of overseas Filipino workers (OFWs) back to their families. Total remittances via official financial channels in 2005 was $10.7 billion, and estimated remittances via friends and other unofficial channels is at least $3 billion more. In 2006, remittances surpassed $12 billion, and this year, more than $14 billion. These exclude several billion $ of remittances via friends and unofficial channels.

AT: Philippines Economy DA – Remittances

Remittances by Filipino workers are key to the Philippines economy

Goode 9 – (Angelo, International Studies Department, De La Salle UniversityEast Asia, 26(2), June 2009)gw

Money sent by Overseas Filipino Workers (OFWs) back to the Philippines is a major factor in the country's economy, amounting to more than US$17 billion last year in cash remittances according to the World Bank [15]: 43). It is perhaps for this reason that the Philippine economy performed better in 2007 as compared to previous years, marking the country as the fourth largest recipient of foreign remittances behind India, China, and Mexico [15]: 43). Not too long ago, President Gloria Macapagal-Arroyo coined the term Overseas Filipino Investor or OFI for Filipino expatriates who contribute to the economy through remittances, buying property and creating businesses [25]. Evidently, national economic and development policies consider and seemingly encourage the export of Filipino human capital. As it stands however, remittances only prop up the economy in that Filipino families have more spending power, but the money doesn’t go into national investments that can help development in the long run. Anomalies such as this draw attention to the importance of labour migration as a development strategy, and the ways in which migrant remittances can be managed appropriately for the betterment for Philippine society.

Nurse Immigration Can Be Beneficial To Nurses’ Home Countries.

Dugger 06, Celia. "U.S. Plan to Lure Nurses May Hurt Poor Nations." *The New York Times - Breaking News, World News & Multimedia*. 24 May 2006. Web. 29 July 2010. <http://www.nytimes.com/2006/05/24/world/americas/24nurses.html?\_r=1&pagewanted=print>. JRL

Senator Brownback, who has been an advocate for programs to combat AIDS and malaria in Africa, said he did not think lifting the cap on nurse migration would have much effect on Africa because the infrastructure of companies that did recruiting for the United States market was not set up there, nor did African nurses have a big community there to plug into.

And while the Philippines could see an increase in nurse immigration, such flows could also bring benefits, he said, not just in the money they sent home, but in the nurses’ voluntary efforts to improve health care in their home countries.

No Brain Drain, Remittances Boots Foreign Countries Economy.

**Shusterman**, Carl. “Where are the Foreign Nurses?” September 9, **2008**. <http://www.paahcr.com/downloads/foreign_nurses.pdf>. KES.

What about the “brain-drain?” By recruiting foreign trained nurses, are we undercutting medical services in countries where the need for medical professionals is even more pronounced than it is here? This question calls for a more nuanced discussion than the previous two. There are over 100,000 foreign-trained nurses practicing in the U.S., according to the U.S. Department of Health and Human Services’ 2004 National Sample Survey of Registered Nurses. Of these, 50% were educated in the Philippines, 20% were educated in Canada, and a much smaller percent were educated in a variety of other countries (For example, 2.3% were educated in Nigeria.) In recent years, **the Philippines and India** have generated the most nurses who have passed the various tests needed to become eligible to work in the U.S. Both these countries **train nurses for export and** it could be argued **that remittances sent home by Filipino and Indian nurses are a net benefit to their countries.** This argument may be less persuasive for other countries, particularly those in sub-Saharan Africa, yet even here it is difficult to keep workers from migrating in a global economy if they wish to do so.

AT: Philippines Economy DA – Remittances

**Many benefits from importing foreign nurses**

Ross 5(Nursing shortages and international nurse migration.International Nursing Review 52, 253–262 S.J. Ross City Research Scientist, New York City Department of Health and Mental Hygiene, New York, NY, USA)

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AT: African Economy DA – Migration Now

Brush et. al, 2004 (Barbera L., Julie Sochalski, and Anne M. Berger. Recruiting Foreign Nurses To U.S. Health Care Facilities Health Affairs, May/June 2004; 23(3): 78-87.)

While the United States has only recently begun active nurse recruitment in South Africa, former Commonwealth countries such as the United Kingdom and Australia have already drawn large numbers of nurses from this area of the world. Between 1998 and 2002 the United Kingdom alone recruited 5,259 nurses from South Africa, along with 1,166 from Nigeria, 1,128 from Zimbabwe, and 449 from Ghana.19 The accelerated recruitment of experienced African nurses is straining an already fragile health care infrastructure in many African countries, which have been battered by AIDS and deprived of resources because of economic and political upheaval.20 Sixteen African countries have an average of 100 nurses per 100,000 population; ten countries average fifty nurses per 100,000; nine report twenty per 100,000; and three have fewer than ten nurses per 100,000.21 In stark contrast, U.S. and U.K. ratios are 782 and 847 per 100,000, respectively.22 In 2000 more than double the number of new nursing graduates in Ghana left that country for positions abroad.23 In response, the Ghanaian government is now begging recruiting nations to cease taking its nurses.