

## **“Alien Doctors”: The Migration of Canadian-based physicians to the United States, 1961-1976**

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### **Extended Abstract**

In 1973, the World Health Organization estimated that over 140,000 of the world's physicians were practicing medicine in countries other than their native ones. One half of these 'alien doctors' were living in the United States, Canada and the United Kingdom. While these three nations adopted different approaches to health insurance in the post-war years, the divergence in public policy masked a shared attribute of their respective health care systems – namely, the increasing reliance on graduates of foreign medical schools. Indeed, by the end of the 1970s, approximately 1/4<sup>th</sup> to 1/3<sup>rd</sup> of these nations' medical workforces were made up of foreign medical doctors. The medical migrations were also deeply intertwined: Britain replaced thousands of doctors leaving the National Health Service (NHS) for Canada with doctors arriving from India and Pakistan; Canada similarly replaced hundreds of its own medical graduates who drifted south of the border with the settlement of 'NHS refugees'. The complexity of the pattern of migration vexed contemporary health policy experts who nonetheless sounded the alarm over the exodus of doctors from the developing world.

The transnational migration of physicians in the 1960s was encouraged, and shaped, by changing immigration regulations in receiving countries. For example, the United States passed the Immigration and Naturalization Act (INA) in 1965, which ostensibly ended 'race-based' immigration policies and paved the way for waves of highly-skilled migrants to enter the United States. The 'Third Preference' of the INA facilitated the immigration of scientists and professionals while the 'Sixth Preference' opened the doors for those in occupations experiencing labour shortages, like doctors, to migrate to the U.S. By the mid-1970s, the United States was home to a staggering 63,000 foreign-trained medical graduates. In Canada, a concurrent movement towards non race-based immigration practices was afoot. New immigration regulations of 1962 prohibited race, or national origin, from being used as factors in approving migrants. In 1967, federal regulations introduced a 'points' system for candidates, one that emphasized 'highly skilled manpower' and occupational shortages. Such reform to the Canadian Immigration Act was, in part, economically motivated and rooted in perceived labour shortages, particularly in professions like science and engineering, as well as medicine. Meanwhile, the Canadian Royal Commission on Health Services (1961-64), known as the Hall Commission, which would usher in universal health care north of the 49<sup>th</sup> parallel, highlighted Canada's need for more doctors and nurses, even suggesting Canada should increase its numbers of foreign medical graduates. By 1976, there were 12,000 doctors working in Canada who had graduated from a non-Canadian medical school.

The migration of physicians from Canada to the United States in particular reflected two overlapping phenomena: (1) the migration of Canadian professionals (doctors included) to the United States; and (2) the more recent migration (both directly and through Great Britain and Canada) of doctors who came from the ‘developing world’. The former problem was a longstanding concern of Canadian politicians in the immediate post-WWII era. It was estimated that Canada was losing approximately 200 doctors to the United States *every year* in the 1950s, the equivalent of the graduating classes of two of Canada’s eight medical schools. Some medical stakeholders, anxious not to see the introduction of state-run medicine in Canada, constantly invoked the threat of a further flight of Canadian doctors to the United States, a scenario often invoked during debates over the introduction of provincially-run health insurance. With regards to non-Canadian trained practitioners, thousands of doctors who were graduates of medical schools in India, Taiwan, South Africa, Egypt, Pakistan, Ireland, Haiti, and Czechoslovakia flooded into North America. Some settled first in Canada and then moved to the United States; others accepted fellowships or short-term positions in the United States, but chose to move and settle north of the border.

Although contemporaries observed these general trends, there has been no comprehensive and detailed historical examination of the movement of doctors from Canada to the United States during the turbulent 1960s. This paper seeks to address this lacuna, by drawing upon a seven-year project of digitizing and analyzing the complete nominal entries of the *Canadian Medical Directory (CMD)* for the years 1961, 1966, 1971, and 1976 (132,000 entries in total). The *CMD* entries identify name, place of practice, and place of undergraduate medical education of all licensed practitioners in Canada; combined, they also reveal attrition – that is the disappearance of practitioners over time. By linking ‘missing’ practitioners with entries of the *American Medical Directory* one can gain an insight into the amplitude and geographical dispersion of medical migration from Canada to and from the United States during the period under question. One can also disaggregate the emigration of Canadian-trained practitioners from international medical graduates who had temporarily set up clinical practice in Canada, before re-migrating to the United States (and vice versa). The results inform our understanding of this early chapter in the globalization of health human resources and provide a novel prospective on the development of medical services in North America during a time of great expansion and experimentation.