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9. ABSTRACT

Iran ranks high in the list of countries contributing physicians to America. In 1970, the annual rate of Iranian physician migration had reached 130 per year, almost one-quarter of the annual output of all medical schools in Iran. Even this figure under-estimates the number of Iranian physicians who would like to come to America for either postgraduate training or permanent residence, for in 1970 over 1,230 Educational Council for Foreign Medical Graduates (ECFMG) examinations were taken by Iranian graduates. This brief report of a study of graduates of Pahlavi Medical School in Iran discusses causes of Iranian physician migration. Important factors in decisions to remain in the United States and the significance of such migration for both the United States and Iran are considered.

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Immigration of Iranian Physicians To the United States

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Iran ranks high in the list of countries contributing physicians to America. In 1970, the annual rate of Iranian physician migration had reached 130 per year, almost one-quarter of the annual output of all medical schools in Iran (1). Even this figure underestimates the number of Iranian physicians who would like to come to America for either postgraduate training or permanent residence, for in 1970 over 1,230 Educational Council for Foreign Medical Graduate (ECFMG) examinations were taken by Iranian graduates (2). This brief report of a study of graduates of Pahlavi Medical School in Iran discusses causes of Iranian physician migration. Important factors in decisions to remain in the United States and the significance of such migration for both the United States and Iran are considered.

As a baseline, the names, years of graduation, and ages of all 279 graduates from Pahlavi Medical School between 1961 and 1967 were obtained from the school's registrar. The 66 graduates of Pahlavi Medical School in 1961 and 1962 (classmates or associates of the senior author) were selected for study.

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Two questionnaires were developed, one for Iranian physicians who remained in America and the other for U.S.-trained Iranian physicians who returned to Iran. Basic identification included addresses, present jobs, specialties, citizenship, marital status, and nationality of spouse. Comparable motivating factors, both positive and negative, were included in both questionnaires. The respondents were asked to indicate how important each factor was in their decision to remain in the United States or to return home. At the end of the questionnaire, the respondents were requested to rank the following factors according to their overall importance: required military service, social/cultural, professional, familial, and financial.

Substantial numbers of graduates from Pahlavi Medical School elect postgraduate training in the United States, even after serving two years in the Health Corps as required by Iranian law. (Table 1) A significant proportion of those coming to the United States probably will never return to Iran. Of the 66 graduates studied, 47 came to the United States. Of these, 27 stayed. Of the 20 who returned to Iran, five subsequently came back to the United States, making a total of 32 immigrants (68 percent of those who originally came to the United States).

The mean age at graduation was 25.1

TABLE 1
NUMBER AND PERCENT OF MEDICAL GRADUATES OF PAHLAVI UNIVERSITY MEDICAL SCHOOL OBTAINING POSTGRADUATE TRAINING IN THE UNITED STATES, 1961-1970.

Year	Total Number of Graduates	Postgraduate Training in the United States	
		Number	Percent
1961	30	22	70
1962	36	25	69
1963	13	9	69
1964	52	37	71
1965*	67	34	50
1966	43	38	88
1967	38	34	89
1968	39	*	*
1969	20	*	*
1970	31	*	*
TOTAL	369	199	71

* From 1965 onward, all medical graduates were drafted into the Health Corps for two years before they were permitted to travel out of Iran.

for those who came here and 30.2 for those who remained in Iran. There was no difference in age between those staying in the United States and those returning to Iran. No graduate who returned to Iran permanently was married to an American, whereas 15 of those who migrated chose an American spouse and 10 married a medical school classmate. Comparisons of birth place and specialty failed to show any significant differences between returnees and immigrants.

Within the over-all factors for migration ranked in the final section of the questionnaire, professional considerations clearly outweighed all others in the decision to remain in the United States. Next was financial, followed by military service (which is required in Iran), familial, and finally social cultural factors. (Table 2) The most important negative Iranian factors were lack of medical equipment and facilities, lack of job opportunity, and lack of medical libraries and journals and postgraduate education. As expected,

for the positive U.S. factors, better medical equipment and facilities and better job opportunities were the most important, followed by higher income and greater availability of professional literature and postgraduate education. These "push" and "pull" factors are in most cases different sides of the same question. The immigrants have encountered a variety of problems in the United States, the most significant of which were increasing crime and social disintegration and prejudice against foreigners both generally and professionally.

The data presented above give only some indication of the seriousness of the problem of physician migration from Iran to the United States. During the 1960s, 70 percent and more of the graduating classes of Pahlavi Medical School came to America for further specialist training, and only one-third of those who came have returned to Iran. The gains to America of this professional immigration are several, the most obvious being the services such physicians provide during their years of hospital training. In economic terms, the value of their services during the training years alone seriously underestimates the total worth

TABLE 2
NUMBERS OF IMMIGRANTS* RANKING OVERALL FACTORS FROM MOST TO LEAST IMPORTANT IN DECISION TO REMAIN IN THE UNITED STATES

Factors	Degree of Importance**				
	1	2	3	4	5
Military	7		2		9†
Professional	7	5	4	1	1
Financial	1	7	4	4	2
Familial	2	5	1	9	1
Social	1	3	5	2	7

* Based on the number answering this question.

** 1 = most important factor; 5 = least important factor.

† Not eligible for military service in Iran.

of such immigrants, because permanent immigrants will contribute a lifetime of productive work to the United States' economy. Future earnings, for example, for 35 years at \$35,000 per year (3) discounted at the rate of 5 percent, would be \$573,100 per physician or \$74.5 million for the 130 physicians coming to the United States from Iran each year.

On the other hand, the loss to Iran is not simply the cost of educating physicians before they come to the United States or their future earnings foregone in Iran. More significant in this stage of Iran's development is the loss of their services. In addition to an insufficient number of physicians, especially in rural areas, to deliver adequate care to the population, the loss of specialists limits resources for building up Iran's own medical and postgraduate educational facilities and programs.

Conclusions

There is very little that can be done to change the major pull factors attracting Iranian physicians to the United States. Excellent specialty training programs and research opportunities will continue in the United States. It is unlikely that the earnings differential between physicians in Iran and physicians in the United States will change drastically. The best possibilities for solving Iran's problem of loss of capable young physicians lie in correction or amelioration of the push factors from Iran.

The Iranian medical school curriculum might be designed to better prepare physicians to practice in Iran, preferably in the small cities and rural areas of Iran, for this is where the need lies (4, 5).

Possibly Iranian specialty boards could be established to supervise the quality of specialty training programs and to certify the capability of specialists in various

fields. Specialty training in Iran should be given full equivalence with specialty training elsewhere. The development of specialist training programs might offer the opportunity to attract physicians back to Iran.

Small investments in professional amenities in Iran should make physicians more satisfied with their practices in smaller cities and rural areas. Improved communications, means for consultation, opportunity for occasional refresher courses and visits to major centers, and adequate equipment should all make rural work more acceptable.

It should be helpful to continue to require Health Corps service before physicians leave Iran.

There would be advantages in having the ECFMG examination under Iranian government control so that the flow of physicians could be better regulated for the medical training needs of Iran.

Iran is losing valuable medical manpower. Most actions to decrease this migration would also improve the delivery of health services in Iran.

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