

Medical Brain Drain: Free-Riding, Exploitation, and Global Justice

Abstract: In her debate with Michael Blake, Gillian Brock sets out to justify emigration restrictions on medical workers from poor states on the basis of their free-riding on the public investment that their states have made in them in form of a publicly funded education. For this purpose, Brock aims to isolate the question of emigration restrictions from the larger question of responsibilities for remedying global inequalities. I argue that this approach is misguided because it is blind to decisive factors at play in the problem of medical brain drain and consequently distorts the different responsibilities this problem generates. Brock's strategy, if successful, would effectively lead to punishing emigrating workers from poor states for the free-riding and exploitation that is committed by affluent states – which is a counter-intuitive result.

In her discussion with Michael Blake,¹ Gillian Brock seeks to justify the idea that human rights-abiding poor states may permissibly impose emigration restrictions of various kinds on their medically-trained citizens who intend to leave their home country for better-paying jobs abroad. In her attempt to justify such emigration restrictions, Brock sets aside the bigger picture of global inequality and responsibilities for remedying unjust transnational disparities. While much of her other work addresses these problems, in *Debating Brain Drain* Brock considers in isolation and as an independent question the issue of what governments of poor countries may do to counter the medical brain drain. Two of the most important reasons that justify emigration restrictions in Brock's view are the arguments that (1) migrating medical workers free-ride on the investment their society has made in them by educating them, and (2) that these professionals exploit their co-citizens by

¹ Brock, G., Blake, M. (2015). *Debating Brain Drain. May Governments Restrict Immigration?* (Oxford: Oxford University Press).

using this education to emigrate from their home countries, leaving their co-citizens with the negative consequences of their emigration.

In this commentary, I argue that focusing on the narrower question of legitimate domestic restrictions on emigration in poor countries comes at a problematic price: by leaving aside the larger scale questions of global inequality and its causes, Brock misses what renders the emigration of medical professionals problematic because the *real* causes of the problem of medical brain drain remain outside of the scope of the debate. I show that, only if we take into consideration the larger scale causes of the medical brain drain are we able to see that the real free-riders and exploiters in the context of this problem are the affluent states. After all, it is the rich nations that (a) create a demand for foreign-trained medical workers in their societies by training an insufficient number of their own professionals, and that (b) help maintain a global order that is to the detriment of poor states that thus face unjust externally-imposed obstacles in creating more affluent societies that would offer greater incentives for their medically-trained citizens to stay.

In other words, if we do not take into account the causes of global inequality, we cannot understand that when poor governments introduce such emigration restrictions this places a disproportionate burden on their medical workers: they are made to bear the entire costs of remedying the consequences of the exploitative practices of affluent nations. This means that Brock's approach is problematic because (a) it ignores factors that are vital for correctly assigning responsibilities to eliminate the harm of medical brain drain, and (b) when seen in the larger context of global justice and inequality, the justification for emigration restrictions that her approach generates are less strong than she claims. (This is to say: Brock's argument only has the force she hopes it does if we ignore the bigger picture of global

inequalities and their causes.) Maybe, *pace* Michael Blake, it is possible for poor states to justify emigration restrictions on their medically-trained citizens. However, if this should be so, such a justification has to take into account the causes of global inequality and cannot focus exclusively on the argument from free-riding on the part of the emigration-willing doctors and nurses.

I. THE IMPORTANCE OF THE ARGUMENT FROM FREE-RIDING

In the fourth chapter of *Debating Brain Drain*, Brock offers a number of reasons that she thinks can add up to a justification for restricting the emigration of medical workers from poor societies. Michael Blake helpfully divides these reasons into ‘forward-looking’ and ‘backward-looking’ arguments for emigration restrictions (see Brock/Blake 2015, pp. 121, 155). Accordingly, it is a backward-looking reason to think that emigration restrictions are morally permissible because medical workers have received publicly funded medical training in their home countries and must not free-ride on this public investment by leaving the country after graduation without assuming ‘a fair share of burdens or [making] some fitting response in virtue of the requirements of reciprocity’ (Brock/Blake 2015, p. 65). In contrast, it is a forward-looking justification to argue for emigration restrictions on the basis of the idea that ‘those left behind deserve protection from the disadvantages the emigrants have now created for them. [...] Those who have left acquired their advantage-generating skills while making use of citizens’ contributions [...], so they can be accused [...] of exploiting the contributions of their fellow citizens’ (Brock/Blake 2015, p. 66).

Brock names other reasons for restricting emigration, such as preventing thwarting governments’ attempts to discharge their duties; undermining citizens’ abilities to support their governments; duties of loyalty; and ensuring fair returns on public investments (see Brock/Blake pp. 66-68). However, the backward-looking

argument from preventing free-riding is of particular importance for Brock's overall case for emigration restrictions. This is because there is disagreement among researchers whether the brain drain – while leading to a loss of tax revenue and services – also has positive long-term effects for the source countries that offset these costs. As Blake points out, so-called diaspora effects (such as new trading links, knowledge transfers, remittances, etc.) can occur between the source countries and their emigrated citizens abroad (see Brock/Blake 2015, p. 160-165), leading him to conclude that 'these ideas are sufficient to cast doubt on the idea that the absence of human capital from a developing society is an unequivocally bad thing' (Brock/Blake, p. 165). The Philippines, for example, have created an entire industry of training nurses for emigration, apparently with the expectation that this state-sponsored migration will result in a net-win for the Philippines,² and are thus *encouraging* behavior that Brock takes to be a form of wrongful free-riding. But the less clear the negative future consequences of the brain drain are, the weaker Brock's forward-looking arguments for emigration restrictions become. If remittances, knowledge transfers, and other positive effects are able to at least make up for the losses in tax revenue, services, and institution-building capacities that the brain drain causes in poor societies, these losses cannot be used as justifications for limiting the right of medical workers to emigrate to work abroad. Consequently, the more doubt we have about the overall negative impact of medical brain drain, the more important Brock's backward-looking justifications for emigration restrictions become, the most important of which is the argument from preventing free-riding that I turn to now.

² Packer, C., Runnels, V., Labonté, R. (2010). 'Does the Migration of Health Workers Bring Benefit to the Countries they Leave Behind?', in Shah, R.S. (ed.). *The International Migration of Health workers: Ethics, Right and Justice* (New York: Palgrave Macmillan), pp. 44–61.

II. THE REAL ISSUE: DEFICIENCY, NOT FREE-RIDING

As we have seen, the argument against free-riding is one of Brock's central justifications for restricting the freedom of movement of medical workers from poor countries. According to this fairness-based argument

Others have made sacrifices to support a mutually beneficial scheme by, for instance, paying their taxes or complying with laws that secure peace. Skilled citizens must assume a fair share of burdens or make some fitting response in virtue of the requirement of reciprocity, fair play, or general considerations of fairness. Failure to reciprocate for the benefits provided by others' cooperation, support, and sacrifice involves taking advantage of others or free-riding unfairly (Brock/Blake 2015, p. 65).

However, it is not clear that emigrating after having received a publicly funded education amounts to objectionable free-riding or to free-riding at all. In order to see this, let us consider a case of emigration among affluent countries. Take, for instance, a German medical student who receives a free public education in Germany. He might even receive a loan from his government to fund his living expenses (of which he must only repay half). These two things (the free medical training and the publicly funded student loan) are clearly investments that his government makes in him, and that he is legally entitled to. During his studies, the German student meets and falls in love with a visiting Norwegian Erasmus student and after his graduation he moves to Norway to live with his partner, where he is allowed to practice medicine. Now, if Brock's argument against free-riding holds in the case of medical professionals who emigrate from their poor countries to work abroad holds, we also would have to say in this case that the German doctor free-rides on the investment that his society has

made in him by leaving his country to live and practice somewhere else. But in this case, the German state does not introduce any exit condition on the doctor, nor would most people think such restrictions would be necessary.

One explanation for this absence of restrictions is that – as the example of a number of European countries (besides Germany, also Austria, Iceland, the Scandinavian countries etc.) suggests – a free public education for all citizens can be understood as an entitlement that is not dependent on paying *anything* back after graduation.³ One way of thinking about tertiary education as an unconditional entitlement is to see it as part of the human right to education. Article 13.c of the UN's *International Covenant on Economic, Social and Cultural Rights* states that 'higher education shall be made equally accessible to all, on the basis of capacity, by every appropriate means, and in particular by the progressive introduction of free education'.⁴ Alternatively, the entitlement of a free tertiary education can be thought of as part of what distributive justice demands among citizens within a state. Thus, while it is not the case in most countries today, higher education *should* be free as an unconditional entitlement of everyone. Of course, not everyone who will pay for the upkeep of the system will pursue a university education. However, if free tertiary education is an entitlement, the argument for this idea would parallel that for free primary or secondary education: even if I do not have children, justice requires that I pay for the maintenance of the public school system because I owe it to other people's children to help provide them with such an education. If this argument is correct,

³ Currently, the idea of a free university education has been reintroduced even into the political debate in the US by Bernie Sanders as part of his campaign for the presidential nomination of the Democratic Party (see his 'Make College Free Again,' https://www.washingtonpost.com/opinions/bernie-sanders-america-needs-free-college-now/2015/10/22/a3d05512-7685-11e5-bc80-9091021aeb69_story.html).

⁴ <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx>.

leaving the country after receiving a publicly funded education ought not to be considered a case of free-riding on the investment of the public at all, and graduates should be free to leave and live in whatever country will have them. That is to say that graduates should not be seen as having a duty to remain in their home countries to pay taxes in order to repay a public investment in them. In affluent countries, the loss of some well-educated members does not threaten the continuation of the cooperative scheme because there are normally other people who want to join and work these societies.⁵

A further point is that, if higher education is not an unconditional entitlement that everyone has the right to, there is something odd about the fact that graduates of European countries that offer a free higher education are not even asked (let alone required) to pay anything back to society before leaving their home countries after their studies. In fact, within much of the European Union, EU citizens are free to move, settle and work where they please – even if they have received a public education in their home country (and despite the fact that the EU still lacks common socio-economic social systems). This is the case because either in these countries, higher education is seen as an unconditional entitlement, or – if the behavior of these graduates constitutes a form of wrongful free-riding – it would be on balance unnecessarily restrictive and too costly to prevent the graduates from free-riding.

The point about the costs of enforcement is important. Let us assume for the sake of the argument that leaving one's country after graduation from a publicly funded study program indeed constitutes a case of wrongful free-riding. If this is the case,

⁵ If the continuation of the current form of the cooperative social scheme is threatened by a shrinking of the society (which currently is a real danger in e.g. Germany or Japan), we do not think that the government of these societies could force people to have more children to solve the problem.

then the relevant factor is how affluent a state is whose graduates are free-riding. In the case of Germany and other affluent countries, their free-riding does not have any harmful effects because there are other medically-trained foreigners who want to immigrate so there will not be a deficiency in medical services. For instance, the hospital job that the German doctor would have had might be taken up by a Dutch doctor.⁶ As current practices demonstrate, affluent societies do not consider the emigration of educated citizens worthy of regulation: there simply will be others who will take up the jobs that the emigrants leave vacant. However, this does not undermine the fact that – if it would be overall beneficial for states to prevent free-riding on public education, they would be morally allowed to do so (given our assumption that emigrating after graduating would be a case of wrongful free-riding). This position would remain compatible with Brock’s argument.

Still, the lack of emigration restrictions for citizens of rich countries points toward an important aspect: even if leaving one’s country after having received a free public education presents a form of free-riding on a public investment, such free-riding on public education is – as such – not fundamental for explaining what constitutes the essential moral problem of the emigration of skilled medical workers leaving their poor home countries. Rather, what is crucial for explaining what is problematic about issues like the medical brain drain is the *deficiency* in the supply of medical services and the resulting harm that the emigration creates in their home states. Such a deficiency is *not* created by the emigration of the German doctor

⁶ Or, of course, and that is the problem we turn to in the next section: a physician from a third world country.

because someone else will fill his place.⁷ The free-riding of the doctors and nurses becomes an issue only because there are more general facts about their poor societies that cause their exit to lead to harmful consequences, and these general facts are absent in the situation of their colleagues in affluent societies.

This becomes clearer once we consider that it is not only (or even primarily – this point remains somewhat unclear in Brock’s argument) the shortage in medical services that worries Brock. Rather, higher education has been particularly valued for building persons’ capacity to critically reflect on ideas and values, to question prevailing paradigms and the existing organization of society, and to be creative by thinking outside the box. It is these qualities and skills that defenders of the arts and humanities in the current debate on the ‘War against the Humanities’⁸ refer to in order to stress the importance of a broadly construed tertiary education. Accordingly, Brock argues that the importance of higher education for individuals and society as a whole when she argues that the *worst* consequence of the brain drain consists in the loss of the institution-building potential of those who emigrate, and that ‘for institution-building to occur, you need a critical mass of [university-educated] people with high levels of human capital’ (Brock/Blake 2015, p. 39). But if one of the main

⁷ Countries like Germany are affluent enough to train the medical personnel their societies need. Thus, it is not the case that avoiding a deficiency in medical services in affluent countries is only possible on the basis of hiring foreign-trained professionals from poorer societies.

⁸ On this debate, see for instance the following articles in the Guardian, the Washington Post, and Harper’s Magazine: Alex Preston, ‘The War against the Humanities at Britain’s University’ (<http://www.theguardian.com/education/2015/mar/29/war-against-humanities-at-britains-universities>), Fareed Zakaria, ‘Why America’s Obsession with STEM Education is dangerous’ (https://www.washingtonpost.com/opinions/why-stem-wont-make-us-successful/2015/03/26/5f4604f2-d2a5-11e4-ab77-9646eea6a4c7_story.html), William Deresiewicz, ‘The Neoliberal Arts. How College Sold its Soul to the Markets’ (<http://harpers.org/archive/2015/09/the-neoliberal-arts/2/>).

reasons to hold back medical personnel from emigrating is their institution-building potential, we have to ask why Brock does not also want to restrict the freedom to emigrate of all university graduates of poor societies. Surely, one reason for abstaining from such demands is that this would place restrictions on a much larger group of people (viz. all university graduates) –which seems extreme.⁹ Thus, medical workers constitute a special case because their exit would lead to a particularly dangerous deficiency in the society they leave, a deficiency (not only) in institution-building capacities but crucially in medical services.

However, if it is the deficiency in medical services that is fundamental to the moral problem posed by the brain drain, then the global context and the deeper causes of the deficiency are of great importance for any justification of limiting the freedom of movement of skilled citizens of poor societies.

III. THE REAL FREE-RIDERS: AFFLUENT STATES

The importance of the global context becomes salient once we note that there is indeed some objectionable free-riding involved in the medical brain drain. However, it is not the medical workers from poor societies who objectionably free-ride on the investment, but the affluent societies that problematically free-ride on the investments of the poor societies. As Blake mentions briefly (Brock/Blake 2015, p. 223), affluent societies under-invest in the education of medical staff and thus unnecessarily create a demand for medical services. That is to say: if affluent societies would train the medical personnel they need (for which they certainly have adequate resources), there would be very limited opportunities for medical workers of poor countries to find employment overseas and the brain drain would not exit. By not

⁹ Such restrictions might even motivate many young people to leave their country instead of pursuing a tertiary education, and to seek entrance (even illegally) into richer societies instead.

training the medical personnel they need, by opening their borders for foreign-trained doctors and nurses, and by permitting them to practice within their highly regulated health care systems, the rich societies thus benefit from the investment that poor states have made by educating their citizens without giving anything in return: a clear case of free-riding. To avoid such free-riding, affluent countries would have to fulfill their duty to either train a number of medical workers sufficient for their own needs¹⁰ or at least reimburse developing states for the resources the latter paid for the training of the emigrating doctors and nurses.

This situation is similar to countries which enact low tax rates in order to attract multi-national companies to register as taxpayers. Such low-tax countries thus reap the tax benefits of the businesses they attract while the companies create costs in their countries of operation (by using their infrastructure etc.) without paying taxes in these countries.¹¹ In both cases (medical brain drain, international tax competition), one country receives the benefits of the investments of another country without paying a fair share of the costs that are required to make the benefits possible. This is to say that involvement in the international labor market generates a correlative duty of a fair sharing of the costs and benefits of internationally-mobile

¹⁰ This would of course deprive the doctors and nurses who want to emigrate of the opportunity to work in affluent countries. However, while these doctors and nurses might be entitled to a free tertiary education, and to leave their countries, they are not thereby entitled to the opportunity to work in another society. The right to exit is not coupled (without further argument or considerations) with a right of entry into another country.

¹¹ If a free tertiary education is an unconditional entitlement of people, a disanalogy here would be that, while companies create costs in all their countries of operation and should consequently pay some taxes in the states too, graduates would not be liable to pay part of the costs of their education. What would remain, though, is that some states benefit objectionably from the efforts of other states that are left with a shortage (either of skills and services or money).

labor that affluent countries violate. This duty applies in cases where one country hires professionals trained with the resources of another country and thus creates a deficiency in the regarding services in that country. Where such shortages do not occur, it would seem an unnecessary burden on the freedom of emigrants to ask them to pay for their education.

There is thus a crucial sense in which medical workers from poor societies do not have primary remedial responsibilities for the harm that their emigration would cause. Their exit is *one* cause of the problem and they *might* have to bear *some* burden to correct it. However, their responsibility is merely of a secondary kind: the primary responsibility lies with the countries that profit from their poaching and that generated the deficiency in medical services by failing its obligation to train a sufficient number of professionals itself. But this point gets lost if we exclude (as Brock does) the global context from the debate and only focus on what poor states may do (and are able to do) to mitigate the harms caused by medical brain drain. Another consideration shows, though, that ignoring the bigger picture of global inequalities and their causes also leads Brock to assign a disproportionate remedial burden to emigrating medical workers.

IV. THE REAL EXPLOITERS: AFFLUENT STATES

The case for limiting the freedom of movement of medical staff from poor societies becomes even weaker if we consider who is (primarily) responsible for the existing global inequalities that play a great part in incentivizing these specialists to migrate. Since the publication of Thomas Pogge's *World Poverty and Human Rights*,¹² much attention has been given by philosophers to the global factors that are responsible for

¹² Pogge, T. (2002). *World Poverty and Human Rights. Cosmopolitan Responsibilities and Reforms* (Cambridge: Polity Press).

the existing global inequalities, and it is widely accepted today that the poverty in third world countries is not *only* the fault of incompetent local governments and their domestic policies. Brock is one of the leading authors pointing out and diagnosing such global factors, most importantly the involvement of affluent states in the creation and maintenance of a global order that operates to the detriment of the poorest states. In the second chapter of *Debating Brain Drain*, she outlines examples of global injustices and notes that the fact ‘*that developed world agents have many global justice responsibilities is not a contentious issue*’ (Brock/Blake 2015, p. 30) between her and Blake. There is a whole range of examples of global injustice and – even if one was to doubt some of these instances – there can be no doubt that the affluent countries are *in some way* implicated in maintaining the current global status quo. These examples range for the unfair terms of international trade, the international tax competition, sweat shop labor, to climate change and other phenomena. While there is no space to go into detail about these injustices here, it is crucial to note that there is a definite sense in which the affluent countries help create and maintain forms of massive global inequalities.¹³ It is these inequalities that enable them to incentivize medical workers from poor countries to migrate and work in their better-off societies in the first place.

This is to say that the medical brain drain presents yet another way in which affluent countries exploit poor countries. As a basis of this diagnosis of exploitation, I drawn on Thomas Christiano’s account of wrongful exploitation or unfair advantage-taking according to which ‘A takes unfair advantage of B if and only if three conditions hold: (1) A benefits at B’s expense (2) from B doing various things, and (3)

¹³ See also Brock’s own affirmation of these problems on pages 29, 30.

A does this by violating a duty to B'.¹⁴ We can add to this that exploitation differs from 'mere' free-riding in that a *free-rider* benefits from another's efforts without doing her share to produce these benefits, while an *exploiter* additionally generates/helps to sustain those conditions that make her free-riding possible. If we take A to represent affluent host countries and identify B with poor source countries, we can see how the medical brain drain fulfills this definition of wrongful exploitation:

- (1) Affluent countries benefit at the expense of poor countries by attracting the latter's medical workers because they can offer them better living and working conditions, while
- (2) Poor countries train these medical professionals at their own expense.
- (3) Attracting these medical workers is possible for affluent societies because they help maintain global inequalities by violating duties that they have to poor countries independently of the brain drain problem (for instance by refusing to offer fair terms of international trade, offering unfairly lower tax rates to foreign companies, and by polluting the atmosphere as a by-product of their production and way of life – which generates anthropogenic climate change that predominately worsens the environmental conditions in poor countries).

This is to say that, on top of free-riding on the public investment that poor countries make in the education of their medical workers, affluent countries also exploit the source countries by helping to create the very conditions that allow them to attract foreign workers in the first place. Thus, there is a crucial difference between emigrating doctors and the developed countries that hire them that gets lost if we

¹⁴ Christiano, T. (2015). 'What is Wrongful Exploitation?', in D. Sobel, P. Vallentyne and S. Wall (eds.). *Oxford Studies in Political Philosophy. Vol. 1* (Oxford: Oxford University Press), pp. 250-275, p. 262.

exclude responsibilities for global inequalities from the brain drain debate: while both the emigrants and developed countries benefit from the investments of poor states, the emigrants (as citizens of the poor societies) are themselves victims of the global order that is upheld by the developed countries. By emigrating, they want to escape the consequences of this unjust international order.

One of Brock's arguments for justifying emigration restrictions is (as mentioned above) that medical workers from poor countries exploit *their compatriots* by leaving their home countries after having received a publicly funded education (see Brock/Blake 2015, pp. 65, 66). If we understand the medical school graduates to have a duty to repay their society, and not to free-ride on the society's investment by emigration right after graduation, there is indeed a sense in which Christiano's account of wrongful exploitation applies to those emigrating: they violate an independent duty of repaying their society and use the latter's investment to improve their own situation.¹⁵ However, there is a very important qualification to this charge. To see this we have to note that for Christiano, wrongful exploitation presupposes (viz. condition 3 above) the violation of an independent duty on the part of the exploiter because 'it is usually the case that one does not have a duty to remedy all of the unfairness in [the background conditions] of an agreement' (Christiano 2015, p. 264). This is to say that, while medical workers from poor countries might have remedial duties, or duties not to cause a deficiency in medical services by emigrating, they do not have the duty to rectify *everything* that is unfair or unjust about the problem. Given the primary remedial responsibilities due to the exploitation

¹⁵ We should note, though, that this is only the case if higher education is not an entitlement. If, as above, tertiary education *is* an entitlement, the migrants do *not* have an independent duty (to repay their co-citizens with services and taxes) that they could violate, and would thus not exploit their compatriots.

committed by affluent states, requiring medical workers to bear the costs of preventing the harm of medical brain drain by restricting their emigration is to place these burdens inappropriately. After all, it is the affluent states that create the situation – without which the doctors’ emigration would not create any harm – and that incentivizes emigration in the first place.

Thus, given the causes of global inequalities, Brock’s proposal for emigration restrictions would force medical workers to bear a disproportional part of the burden of rectifying the harm of medical brain drain. While the responsibilities of affluent countries are left out of the picture, medical workers are made to bear the *entire* burden of remedying the effects of the unjust global order. The problem here is not that – by focusing on what poor states may do in isolation – Brock gives us an incomplete picture of the responsibilities that derive from the brain drain. Rather, her approach leads to a *distorted* view of these responsibilities: even if emigrating medical workers would free-ride and should accept some burden to prevent harm, their responsibilities are quite minor compared to those of the affluent nations. Brock’s approach, though, tell us that we can charge the emigrants with the entire responsibilities for correcting the problem. This is not to say that in our non-ideal world governments often will not be able to treat everyone fully just when they try to solve difficult problems. It is also clear that it is much easier for poor states to use their own citizens to deal with the problem of medical brain drain than to influence the policies of developed countries. However, what does not seem to change in the face of responsibilities for global inequalities is that emigrating medical workers are themselves the victims of an unjust and exploitative world order, and that only

enlisting their skills to solve the problem is a ‘punishment’ that does not seem to fit their ‘crime’¹⁶ and the circumstances that enabled/incentivized it.

Finally, we should note that Brock’s pragmatic solution of forcing migrating workers to bear all the costs of efforts cannot succeed if the existing global inequalities remain unchanged. This is because even if doctors and nurses have to stay and work for a year or two in their home countries before emigration, they would still ultimately leave, and future graduates continue to leave until the unequal global situation changes. What the compulsory service programs and tax schemes that Brock suggests might not be able to prevent is what she is most worried about: namely, that the emigration of educated citizens also drains the forces of institutional reform and state-building in their home countries (see Brock/Blake 2015, p. 39). After all, the graduates might leave nonetheless after a very limited time because there are better living and working conditions to be had abroad. While we might think that professionals might ‘grow roots’ and establish local ties while completing their mandatory services, which make them more inclined to stay after the compulsory service is done, this might simply be a phenomenon that is more likely to occur in affluent societies:¹⁷ if I study medicine in Seattle and agree to work for some time in underserved areas in Montana and Idaho, I might come to decide that my life would not be much worse if I were to remain in one of these areas compared to my original plan to move to California. However, the situation might be very different if my compulsory service takes place in rural Ghana or Nigeria and I am offered a

¹⁶ Assuming, again, that they are not entitled to a free tertiary education.

¹⁷ For a study that provides some support for this theory see Howard K. Rabinowitz, James J. Diamond, Fred W. Markham, Christian E. Hazelwood, ‘A Program to increase the Number of Family Physicians in Rural and Underserved Areas. Impact after 22 Year,’ *Journal of the American Medical Association* 281 (3) (1999): 255-260.

position for practicing in Frankfurt, where my children can attend the school system of an affluent society.¹⁸ Thus, the focus on poor states leads Brock to ignore the fundamental issue of global inequalities, which is problematic because if emigration restrictions cannot prevent one of the major problems they are supposed to prevent, there is no straight-forward justification for such restrictions.

V. CONCLUSION: EMIGRATION RESTRICTIONS AMOUNT TO DISPROPORTIONATE BURDENS

In *Debating Brain Drain*, it is Brock's aim to consider in isolation the question of what poor countries may do to prevent or mitigate the negative effects of medical brain drain independently of the larger questions of remedial responsibilities for

¹⁸ Empirical evidence in this respect appears to be ambiguous. There are studies that claim that 'it would appear that compulsory community service has not effect on the career plans of the doctors, but merely delays them by a year. [...] This brings into question the long-term effects of compulsory community service, which may even be exacerbating rather than lessening the tendency of young doctors to leave the country' (Stephen J Reid, 'Compulsory Community Service for Doctors in South Africa – An Evaluation of the First Year,' *South African Medical Journal* 91 (4) (2001): 329-335, p. 333). Another study about community service in South Africa finds that the percentage of doctors staying on after fulfilling community service in district hospitals in 2002 was only 8 per cent, indicating 'a serious loss of skills on a recurrent annual basis' (A. Ross, S. Reid, 'The Retention of Community Service Officers for an additional Year at District Hospitals in KwaZulu-Natal and the Eastern Cape and Limpopo Provinces,' *South African Family Practice* 51 (3) (2009): 249-253, p. 249). However, a different studies about the retention of compulsory medical service professionals analyzing data from more than 70 countries concludes that 'the number of health professionals who stay in the rural areas after their compulsory service is over was not clear for most countries' (Seble Frehywot, Fitzhugh Mullan, Perry W. Payne, Heather Ross, 'Compulsory Service Programmes for Recruiting Health Workers in remote and rural Areas,' *Bulletin of the World Health Organization* 88 (2010): 364-370, p. 266).

global inequalities. The preceding discussion shows that this strategy is problematic. Without taking into account global inequalities and their causes

- 1) We are blind to the fact that what makes the brain drain problematic is the deficiency and harm it causes and not the free-riding of medical personnel as such. Further, this deficiency is the only moral ill that remains if higher education is an unconditional universal entitlement;
- 2) We also ignore the fact that the primary remedial responsibilities lie with the primary free-riders –the affluent states – *even if* emigrating after graduating constitutes wrongful free-riding; we are also unable to see that the emigrants are themselves the victims of an unjust global order that the affluent states dominate; and,
- 3) Without taking (1) and (2) into consideration, we cannot detect that emigration restrictions amount to placing a disproportionately large part of the burden of correcting the harm caused by the brain drain with the emigrants.

Ultimately, it is only the big picture of global inequality and its causes that explains why making medical workers alone solve the medical brain drain problem cannot easily be justified with reference to their objectionable free-riding (if they do free-ride at all). If we hold these doctors and nurses solely responsible for remedying a problem – the conditions of which they are not responsible for – we would not ‘simply require them to fulfill their duties’ but punish the victims of the exploitative practices of the affluent states. Consequently, the justifications Brock seeks to derive from the idea that migrating medical specialists are free-riders have much less force once we take into consideration what Brock wants to put aside. Thus, the larger

context of global inequality renders her case for immigration restrictions much weaker than she claims.