

THE DISENGAGEMENT OF
THE SOUTH AFRICAN
MEDICAL DIASPORA

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JONATHAN CRUSH AND ABEL CHIKANDA

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EXECUTIVE SUMMARY

Conventional wisdom holds that the ‘brain drain’ of health professionals from Africa is deeply damaging to the continent. Recently, a group of North American and European neo-liberal economists has challenged this conventional wisdom, variously arguing that the negative impacts are highly exaggerated and the compensating benefits many. The benefits include various forms of “diaspora engagement” in which those who have left then engage through sending remittances, direct investment, knowledge and skills transfer, return migration and involvement in diaspora associations. A previous SAMP study of Zimbabwean physicians outside the country provided clear evidence for the “diaspora engagement” hypothesis (see No 56 in this series). This paper examines the case of South African physicians who have left South Africa.

South Africa provides an ideal case for examining the conflicting viewpoints on the health brain drain given the significant loss of physicians the country has experienced over the past two decades. A 2000 global survey of the location of physicians found that as many as 7,363 South African-trained doctors (or 21% of the total number in practice) were living and practising abroad. In 2005, the OECD estimated that more than 13,000 South African trained physicians were working in OECD countries, of whom 7,718 were in the United Kingdom, 2,215 in the United States, 1,877 in Canada and 1,022 in New Zealand. More recent data from Canada indicates that there were 2,193 South African physicians in that country in 2009. The research reported in this paper consists of a survey of 415 South African doctors in Canada conducted in 2009-10 (representing almost 20% of the total number working in Canada.)

More than half of the survey respondents (58%) had acquired Canadian citizenship since leaving South Africa. Of the rest, around one quarter (26%) were permanent residents in Canada and only 16% were on work permits. At the same time, 70% still hold South African citizenship. This raised the possibility that they want to retain their South African citizenship because they feel a strong affinity with South Africa. Nearly 90% agreed with the statement that “being from South Africa is an important part of how I view myself” and 81% with the statement that “I feel strong ties with people from South Africa.” The vast majority (over 80%) buy or make South African foods, listen to South African music and want their children to know about South Africa. Some 80% regularly consult South African newspapers online. As many as 60% want their children to learn a South African language. Forty percent say that their best friends in Canada are South Africans. Family links with South Africa also remain strong. As many as 81% have siblings still

living in South Africa and 71% still have parents there. About 95% of the respondents had visited South Africa since migrating to Canada. More than 75% visit South Africa at least every 2-3 years, with 28% visiting once a year. However, despite all this evidence of a persistent South African identity and the maintenance of strong links with the country, the vast majority (80%) disagreed with the statement that they had “an important role to play in the development of South Africa.” Only 16% said they are likely to send money for development projects in South Africa, 15% said they would participate in educational and other exchanges with South Africa, while 13% would participate in fundraising projects in South Africa. Only 10% said they would invest in a business in South Africa and just 8% might work for a period of time in South Africa.

By most standards, the physicians surveyed were high income earners. As many as two-thirds earn above CAN\$200,000 (ZAR 1.6 million) per annum and fewer than 5% earn less than CAN\$100,000 (ZAR 800,000) annually. In general, remitting is often positively correlated with income: the more a migrant earns the greater the amount that they tend to remit. However, despite their high earnings South African physicians in Canada are not significant remitters:

- Only half (52%) had sent money to South Africa in the previous year and only 19% can be considered regular remitters who send money to South Africa at least once a month. A considerable number do not remit regularly (21% do so less than once a year) and 28% have never sent remittances to South Africa.
- Less than a third (27%) had sent more than CAN\$5,000 (ZAR40,000) to South Africa. The median amount sent by remitters was only CAN\$4,250 (ZAR 33,000) per annum, which falls to only CAN\$1,000 (ZAR8,000) per annum for the whole sample. Such small amounts are unlikely to yield significant development outcomes in the country of origin or compensate the country for the loss of skills incurred in the brain drain.
- The majority of the remitters (82%) send money to their immediate family members. About a third send money to a personal bank account for their own future use. Only 11% send money to community groups or organisations in South Africa.
- In terms of the reasons for remitting, 29% identified meeting day to day household expenses in South Africa as the major purpose followed by paying for medical expenses (26%), covering costs for special events (20%), buying food (19%) and educational expenses (13%). Buying property was cited by only 5% of remitters and investing in business by only 3%.
- As regards remittances of goods, only a quarter of the respondents had sent goods to South Africa at least once in the previous

year and 54% had not sent any goods at all. The most popular items sent included books/educational materials, clothing and household goods and appliances. The value of the goods remitted to South Africa is significantly lower than that of cash remittances. Less than 10% of the physicians sent goods valued at more than CAN\$1,000 (ZAR8,000) annually. The mean value of goods sent by the physicians was CAN\$340 (ZAR2,430) annually.

In other words, the amounts remitted by South African physicians are small in comparison to their incomes and remitting is infrequent. The South African physicians differ markedly in their remitting behaviour from physicians from other African countries and from African diasporas in general.

Further evidence of the disengagement of the South African physician diaspora is provided by patterns of property ownership and other investments in South Africa. As many as 57% of the physicians maintain an active bank account in South Africa but these are funds ostensibly for use during their visits. Only 25% have substantial savings in their bank accounts. At the same time 17% own property, 35% have investments and 27% have a house in South Africa. However, these are generally acquired before leaving. Only 5% had bought a house or property in South Africa and only 4% had invested in a South African business in the year prior to the survey. The vast majority of those still holding these assets in South Africa are recent (post 2000) immigrants to Canada. There is a consistent pattern of decline in South African asset ownership over time as the physicians sell their property, close their bank accounts and disinvest.

In order to gauge the potential for return migration, the respondents were asked whether they had considered returning to South Africa. About 36% have never considered the possibility of returning while 21% had given it hardly any thought. About 43% indicated that they have considered returning to South Africa. However, only 7% said they are likely to return within the next two years and another 10% within the next five years. Few had taken any concrete steps to return. Less than 2% had applied for a job in South Africa in the previous year.

While this group of South African professionals are proud to think of themselves as South African and take a relatively keen interest in events in that country, they are disengaged from any serious diasporic interest in and commitment (beyond contact with and some limited support for family members who remain). Almost without exception, they paint a very negative picture of life in South Africa and they do not see any role for themselves in helping address South Africa's deep social and economic inequalities and needs. Neo-liberal economists and proponents of diaspora engagement will find little to support their arguments in the views of this particular component of the South African diaspora.

INTRODUCTION

The magnitude of the physician brain drain from Africa provokes strong reactions from African governments and in the research literature. The brain drain is often criticised in the most strident emotive language. African health professionals are being “poached” or “looted” by the West in a “great brain robbery.”¹ Health sector recruiters have been labelled “global raiders” and “merchants of medical care.”² The medical brain drain is said to constitute a “fatal flow” for source countries, producing “intolerable inequities” in health care access between Africa and the West.³ The medical brain drain is seen as a “catastrophe” for African development and health care delivery and should even be viewed as an “international crime.”⁴

Recently, a group of European and American neo-liberal economists has challenged these arguments, suggesting that the way in which the brain drain is conceptualised and discussed is inaccurate and misleading. Clemens, for example, suggests that it is time to bury the “unpleasant and judgemental” term in favour of a more “brief, accurate and neutral” term such as “skill flow.”⁵ In the context of a highly polarised debate, this alternative metaphor is neither neutral nor accurate since it suggests a natural process and no causality or directionality. It is true that the term ‘brain drain’ is not and was never supposed to be value-free. Since its inception in the 1970s, the term contained a critique both of the causes of skills migration and the impact on countries of origin.⁶

The negative impacts of health professional migration are well-documented.⁷ The more pertinent question is not whether there is a neutral alternative to describe a damaging process, but whether the concept of ‘brain drain’ is itself sufficiently sharp for understanding the complexity of health professional migration and decision-making.⁸ Why is it that while many leave, some stay? And how can those who stay be retained in the future and those who leave be persuaded to return? Or, in the end, is the only solution to cut off the demand in some way? These are the questions at the heart of the current debate on policy options for mitigating brain drain impacts.

The neo-liberal critics of brain drain argue that there is little evidence that the brain drain is responsible for the poor state of Africa’s health care systems and that the migration of health professionals can have significant positive benefits for countries of origin.⁹ One argument is that the prospect of emigration ultimately leads to an expansion of local health resource personnel.¹⁰ Another is that members of the diaspora continue to engage in various ways with their countries of origin, generating offsetting benefits for those countries.¹¹ These activities include remittance transfers, circular and return migration, investment and knowledge transfer and networking.

A great deal of international attention is currently being paid to the phenomenon of international remittances. Data from the World Bank shows that migrant remittances received by developing countries have risen more than threefold over the past decade from US\$81.3 billion in 2000 to US\$325.5 billion in 2010.¹² Remittances have even been called the ‘new development mantra’ due to their supposed positive impacts on migrant source countries.¹³ Remittances to developing countries exceed the levels of official development aid and, for advocates, constitute an effective way of transferring funds to developing countries. Critics of the ‘new development mantra’ argue that the flow of remittances may be considerable but are not a source of development finance so much as a survival strategy by households.¹⁴ Countries such as Lesotho and Zimbabwe are often cited in support of this argument.¹⁵

International migration is increasingly becoming a cyclical process, whereby migrants leave their home country and work in another country for a certain number of years and eventually return home.¹⁶ Some have even suggested that brain circulation has now replaced the brain drain leaving a net brain gain.¹⁷ Sending countries are expected to benefit from the skills and knowledge transferred by the temporary and permanent return of migrants from abroad. India and China are often used to illustrate how a country benefits from the return of its citizens who bring back much-needed technical expertise as well as capital to invest.¹⁸ Circular (and eventual return) migration has been the defining characteristic of international migration in Southern Africa for decades.¹⁹

The other argument levelled against the brain drain idea relates to the relationship which countries build with their citizens abroad through diaspora engagement.²⁰ By establishing this relationship, states can tap into the professional expertise of citizens abroad through a number of engagement programmes. One example is when emigrant professionals are engaged on short-term contracts to provide professional service in their country of origin.²¹ In South Africa, the South African Network of Skills Abroad (SANSA) once seemed a promising step in this direction.²² However, the initiative petered out once it left the University of Cape Town.²³ Other scholars have argued that diasporas can mobilise collectively to engage in development-related activity at home:

Diasporas may act as “bridges” between the destination and the source countries, and they can stimulate trade, investments and the transfer of technology. The hypothesis that migration may generate positive externalities on the source country may be true not only with regard to trade, investments and technology diffusion but also for other areas as well. In particular, migrants to more democratic societies may have a positive impact on the social, economic, and

political institutions in their home countries... Although much work has investigated whether expatriate networks can induce trade, other issues remain almost entirely unexplored. Nevertheless, the literature does show that the diaspora may be important for the development of migrants' origin countries.²⁴

An example here is the organisation, Global South Africans (GSA), "a growing network of talented and successful South Africans who live abroad but still feel deeply attached to the country and want to contribute to the growth and success of South Africa as a globally competitive nation." Those joining the GSA network are asked to become "brand ambassadors" for South Africa although it is unclear what this means in practice.²⁵ Research on diaspora engagement suggests that migrants do mobilise financial and other resources, establish professional and institutional linkages to assist in capacity-building activities in their home country, and (in the case of medical diasporas) mobilise resources such as drugs and equipment from the host country.²⁶

South Africa provides an ideal case for examining these conflicting viewpoints on the health brain drain given the significant loss of physicians the country has experienced over the past two to three decades.²⁷ A 2000 global survey of the location of physicians by the Centre for Global Development found that as many as 7,363 South African-trained doctors (or 21% of the total number in practice) were living and practising abroad.²⁸ In 2005, the OECD estimated that more than 13,000 South African trained physicians were working in OECD countries, of whom 7,718 were in the United Kingdom, 2,215 in the United States, 1,877 in Canada and 1,022 in New Zealand.²⁹ Several studies have highlighted the importance of South African physician migration to countries like Canada.³⁰ In 2007 alone, for instance, of 148 licences given to foreign medical graduates in the Canadian province of British Columbia, 41 (or 28%) went to South Africans.³¹ Similar trends have been noted in other Canadian provinces such as Saskatchewan and Alberta where South African-trained physicians make up 18% and 8% of the total physician workforce respectively.³²

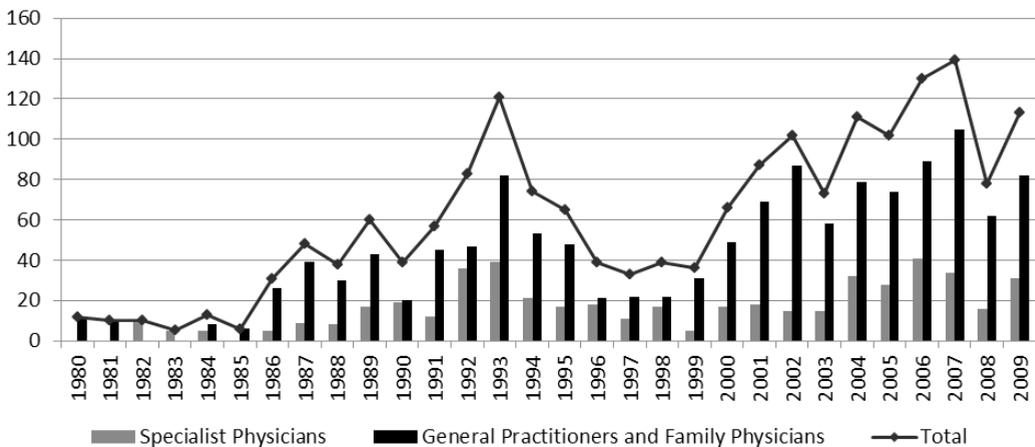
This paper examines the case of South African physician migration to Canada using quantitative and qualitative data from a survey of physicians conducted by the Southern African Migration Program (SAMP) in 2009-10.³³ In addition to constructing a profile of the medical diaspora in Canada, this paper examines what types of links South African physicians maintain with South Africa and whether they constitute an engaged or disengaged diaspora.³⁴ We show that although most physicians have a strong personal identity as South Africans, their linkages are primarily personal and do not easily fit the model of diaspora engagement proposed

by brain drain revisionists. They are markedly different from immigrant-physicians from other countries who live in Canada.³⁵ In that sense they are a truly disengaged diaspora.

TRENDS IN MEDICAL MIGRATION

The number of South African-born physicians who applied for permanent residence in Canada was fairly stable up to the late 1980s when a surge in migration occurred (Figure 1). The number peaked in 1993 when 121 physicians (comprising 39 specialists and 82 general practitioners) were admitted as permanent residents to Canada.³⁶ The post-1990 increase in immigration to Canada was clearly related to the collapse of the apartheid regime and the impending democratic elections in 1994.³⁷ The peak was followed by a steep decline in departures which suggests that the optimism surrounding the elections and Mandela's efforts at reconciliation all had a (temporary) stick effect. However, from 1999 onwards, the numbers began to rise again. Notable was the growing number of Afrikaners in the migration stream.

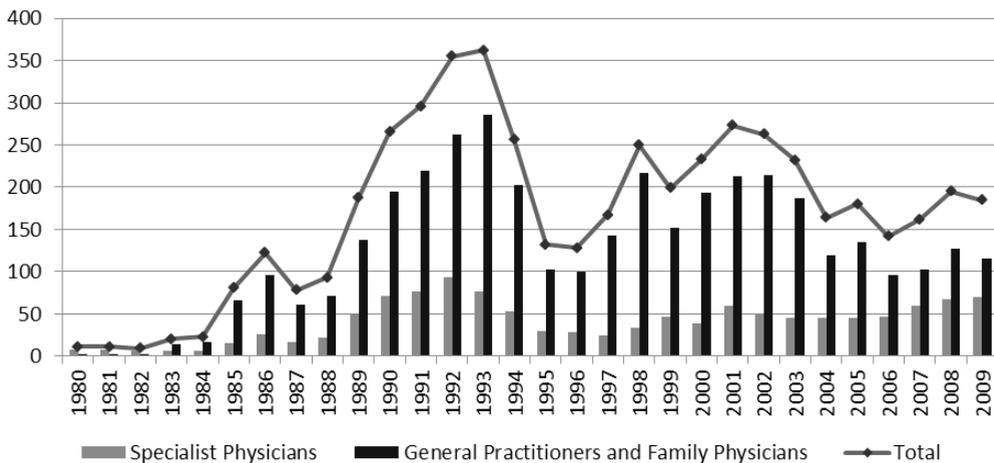
Figure 1: South African Physicians who became Permanent Residents in Canada, 1980-2009



These general trends are reproduced in data showing the total number of entries to Canada of workers whose last country of permanent residence was South Africa. This data suffers the problem of double counting people who enter Canada, leave for South Africa and return on another work permit. Also included in the figures are temporary entries

such as South African physicians doing locums in Canada. As a result, this data suggests that the total number of physicians who have migrated from South Africa to Canada is much larger (Figure 2). Again, the rate of migration throughout the 1980s was fairly modest but began to rise in the late 1980s. The peak annual entries were recorded between 1992 and 1993 where on average 350 physicians entered Canada from South Africa. Even though the post-2000 flows show signs of levelling off, the total number of entries still averages more than 200 annually. Since 2000, more than 500 specialist physicians and more than 1,500 general practitioners have entered Canada from South Africa. Furthermore, there appears to have been a growth in the number of specialist physicians entering Canada from South Africa. Until 2005, specialists on average made up less than 25% of total annual physician entrants to Canada. However, since 2005, specialists have made up more than 30% of the total. In 2009, for example, 70 of the 185 (or 38%) of the physicians admitted to Canada were specialists.

Figure 2: Total Entries into Canada of Physicians with South Africa as Country of Last Permanent Residence, 1980-2009



Part of the reason for the increase in numbers over the last decade lies in the aggressive recruiting of South African physicians by Canadian provinces (particularly Alberta, British Columbia and Saskatchewan).³⁸ The growing demand for foreign-trained physicians in Canada to meet the health needs of the country's aging population has been well-documented.³⁹ South African physicians were seen by the provinces as highly-trained and with experience relevant to the needs of the Canadian population. Provincial recruiting campaigns became the subject of some controversy with high-level official protests from the South African government.⁴⁰ The cumulative impact of immigration to Canada intensified

as those who had already left urged their friends and colleagues to do likewise and made them aware of job opportunities in Canada. Many South Africans with practices in Canada also hire new South African graduates for locums. Canada's Prairie Provinces have become a favourite destination for medical graduates seeking locums and quick money but many then stay on:

I qualified as a family doctor in South Africa and came to Canada with the plan of staying for two years to save some money. After two years, I decided to stay for another year because financially I was doing very well. I was about to go back to South Africa to specialize but then got offered a position as a resident in obstetrics and gynaecology at the University of Alberta.⁴¹

South Africa was fertile recruiting ground because of growing dissatisfaction in the medical profession with living and working conditions in the country and with government policies towards the medical sector. A SAMP survey of medical professionals in 2006 showed quite how widespread the disaffection had become.⁴² The survey interviewed 1,524 health professionals and found that on virtually every workplace measure used, there were many more dissatisfied than satisfied professionals. The only two areas in which significantly more were satisfied were the quality of their training and their relationships with colleagues. The survey found even higher levels of dissatisfaction with living conditions. Very negative sentiments were expressed about general conditions in the country, including the HIV and AIDS situation (84% dissatisfied), the upkeep of public amenities (83%), family security (78%), personal safety (74%) and children's future (73%).⁴³ Less than 10% of survey respondents said they would likely leave the country within 6 months. This figure jumped to almost a third within two years and over half within five years.⁴⁴ A third identified Australia and New Zealand as their most likely destination, 25% said the UK, 10% the US and 7% Canada.

Data from the Canadian Institute for Health Information (CIHI) shows that more than half of the South African trained doctors are concentrated in the two Western Canadian provinces of British Columbia and Alberta. The number of South African trained doctors in British Columbia rose by 83% between 2000 and 2009 (from 438 to 801) (Table 1). Similarly impressive growth trends were observed in Alberta where the number of South African trained physicians rose by more than 130% from 244 in 2000 to 570 in 2009. At the same time provinces such as Saskatchewan registered net losses over the same time period with the number of South African physicians falling by 13% from 260 to 226. This was the result of internal migration of physicians to more attractive locations after successful settlement in Canada.

	2000	2006	2007	2008	2009	% change 2000-2009
Newfoundland and Labrador	36	36	36	38	37	2.8
Prince Edward Island	1	2	2	3	3	200.0
Nova Scotia	17	30	32	31	31	82.4
New Brunswick	3	10	12	16	16	433.3
Quebec	9	8	8	9	9	0.0
Ontario	308	346	352	362	368	19.5
Manitoba	124	127	122	124	127	2.4
Saskatchewan	260	245	234	226	226	-13.1
Alberta	244	463	475	535	570	133.6
British Columbia	438	667	693	741	801	82.9
Yukon	0	2	2	3	3	0.0
Northwest Territories	3	3	3	2	2	-33.3
Nunavut	1	0	0	0	0	-100.0
Total	1,444	1,939	1,971	2,090	2,193	51.9

Sources: Canadian Institute for Health Information (CIHI), Supply, Distribution and Migration of Canadian Physicians, 2000 (Ottawa: CIHI, 2001); CIHI, Supply, Distribution and Migration of Canadian Physicians, 2006 (Ottawa: CIHI, 2007); CIHI, Supply, Distribution and Migration of Canadian Physicians, 2007 (Ottawa: CIHI, 2008); CIHI, Supply, Distribution and Migration of Canadian Physicians, 2008 (Ottawa: CIHI, 2009); CIHI, Supply, Distribution and Migration of Canadian Physicians, 2009 (Ottawa: CIHI, 2010).

SETTLING ABROAD

More than half of the survey respondents (58%) had acquired Canadian citizenship. Of the rest, around one quarter (26%) were permanent residents in Canada and only 16% were on work permits. Even though a considerable proportion are now Canadian citizens, 70% of the respondents still hold South African citizenship. This could simply be a matter of convenience, but it does raise the possibility that they actually want to retain their citizenship because they feel a strong affinity with the idea of themselves as “South Africans.” Certainly, the answers to one survey question seem consistent with this hypothesis (Table 2). Nearly 90% of respondents agreed or strongly agreed with the statement that “being from South Africa is an important part of how I view myself” and 81% with the statement that “I feel strong ties with people from South Africa.” Significantly, for the purposes of this paper, 80% disagreed or strongly disagreed that they had “an important role to play in the development of South Africa.”

		Agree/ Strongly Agree		Disagree/ Strongly Disagree	
		No.	%	Frequency	No.
To what extent do you agree with the following statements	a. Being from South Africa is an important part of how I view myself	367	89.7	42	10.3
	b. I feel strong ties with people from South Africa	332	81.2	77	18.8
	c. I have an important role to play in the development of South Africa	80	19.6	329	80.4
N=409					

Cultural activities and preferences are another marker of identification or disconnection. Here again, the survey results were very suggestive. The vast majority (over 80%) buy or make South African foods, listen to South African music and want their children to know about South Africa (Table 3). Some 80% regularly consult South African newspapers online. As many as 60% want their children to learn a South African language. Forty percent say that their best friends in Canada are South African. Family links with South Africa remain strong and the most frequently practised activities include making phone calls (96%) and emailing friends and family in South Africa (96%).

Do you....	No.	%
a. Make or buy traditional foods from South Africa?	379	91.3
b. Want your children to know about the culture of South Africa?	348	83.9
c. Listen to music from South Africa?	339	81.7
d. Want your children to learn the language(s) of South Africa?	248	59.8
e. Think the Canadian media ignores important events in South Africa?	225	54.2
f. Find that most of your best friends in Canada are from South Africa?	170	41.0
g. Think the Canadian media provides an accurate picture of South Africa?	89	21.4
h. Think Canadians are well informed about South Africa?	33	8.0
i. Read newspapers from South Africa online?	331	79.8
j. Participate in a social networking site associated with South Africa?	157	37.8
N=415		
<i>Note: Question allowed multiple responses</i>		

One important indicator of continuing identification with a home country is the maintenance of transnational ties. South African physicians in Canada have certainly not cut all their ties with their country of

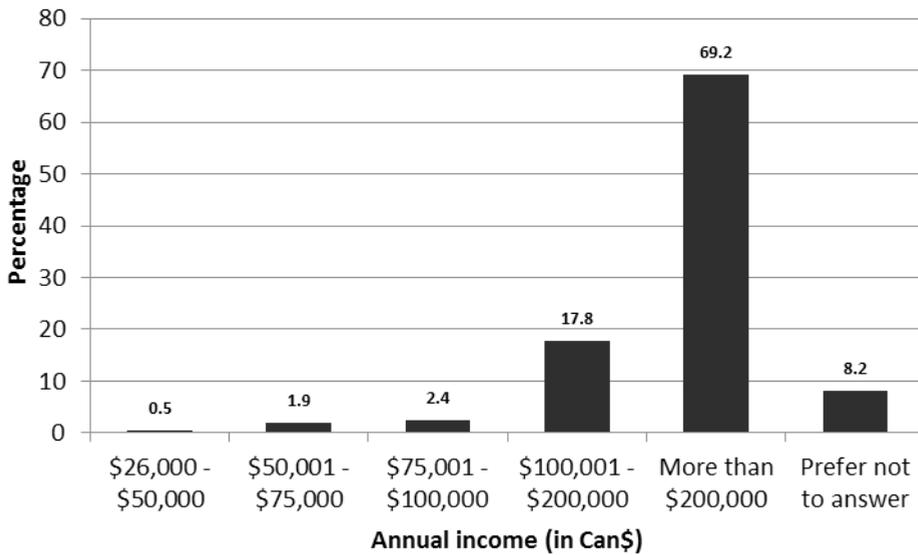
birth and/or training. About 95% of the survey respondents had visited South Africa since migrating to Canada. More than 75% visit South Africa at least every 2-3 years, with 28% visiting once a year and 11% once every five years. More than 80% of the visits were for family related issues and events, 6% visited South Africa for tourism and only 3% visited for business purposes. As many as 81% indicated that they have siblings still living in South Africa and 71% still have parents there. Most visits are therefore motivated by strong family connections.

Family connections either loosen or die out over time and the visits become fewer and farther between. For example, 73% of those who visit South Africa at least once a year came to Canada after 2000. Twenty percent of frequent visitors came to Canada in the 1990s and only 7% came before 1990. In other words, the frequency of visits tends to decline markedly, the longer the person has been in Canada. This finding leads directly to the question of diaspora engagement and the questions which we raised at the beginning of this paper. The neo-liberal literature on the brain drain suggests that the presence of so many South African physicians in Canada is compensated for by the fact that they constitute a “diaspora” and that, as a diaspora, they engage economically in ways that mitigate the negative consequences of their departure.

REMITTING BEHAVIOUR

Financial remittances are usually seen as the most visible yardstick for measuring the ties that connect migrants with their country of origin.⁴⁵ Generally, researchers on migrant remittances agree that they can be used either for consumption or investment.⁴⁶ The latter is favoured by development practitioners because it promotes growth in local and domestic economies and may reduce dependence on migrant remittances in the long run. However, even migrant remittances which are spent on consumption may generate growth in the economy by creating demand for local goods and services.⁴⁷

By South African (and Canadian) standards, the physicians surveyed were high income earners. As many as 69% earn above CAN\$200,000 (ZAR1.6 million) per annum and fewer than 5% earn less than CAN\$100,000 (ZAR800,000) annually (Figure 3). In general, remitting is often positively correlated with income: the more a migrant earns the greater the amount that they tend to remit.⁴⁸ However, only half (52%) of the respondents said that they had sent money to South Africa over the past year. Just 19% can be considered regular remitters who send money to South Africa at least once a month. A considerable number of the physicians do not remit regularly (20.5% do so less than once a year) and 28% have never sent remittances to South Africa.

Figure 3: Annual Income of Physicians

The volume of remittances also varies greatly: in the year prior to the survey, 36% had not sent any remittances at all (Figure 4). Less than a third (27%) had sent more than CAN\$5,000 (ZAR40,000) to South Africa. Amongst the remitters, the median amount sent was \$4,250 (ZAR34,000) per annum, which falls to only \$1,000 (ZAR8,000) per annum for the whole sample. The median amount is far lower than the US\$4,500 (ZAR36,000) recently reported in a survey of African doctors living in North America.⁴⁹ Clearly, such small amounts are unlikely to yield significant development outcomes in the country of origin or compensate the country for the loss of skills incurred in the brain drain.

The majority of the remitters (82%) send money to their immediate family members. Around 18% also remit to extended family members. A third of the remitters send money to a personal bank account for their own future use. Only 11% send money to community groups or organisations in South Africa. In terms of the reasons for remitting, 29% identified meeting day to day household expenses in South Africa as the major purpose followed by medical expenses (26%), costs for special events (20%), buying food (19%) and educational expenses (13%) (Table 4). Investing in business was cited by only 3%. Other minor uses of remittances included building a dwelling (18%), buying property (5%), buying agricultural equipment (2%) and purchasing livestock (1%). In other words, the amounts remitted by South African physicians are small in comparison to income and remitting is infrequent. In this respect, the South African physicians differ markedly from physicians from other African countries and from African diasporas in general.⁵⁰ At the same

time, the actual uses to which remittances are put are similar, focused predominantly on consumption, immediate family and household basic needs, and livelihood support.

Figure 4: Volume of Remittances Sent to South Africa Annually

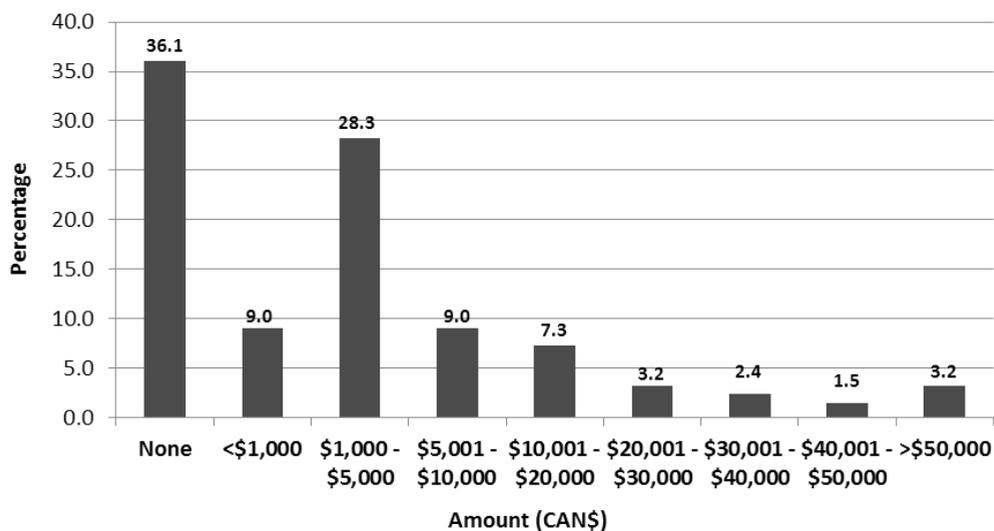


Table 4: Use of Remittances		
	No.	%
a. Meet day to day household expenses (except food)	120	28.9
b. Pay medical expenses	108	26.0
c. For special events	84	20.2
d. Buy food	79	19.0
e. Build, maintain or renovate their dwelling	73	17.6
f. Pay educational/school fees	56	13.5
g. Buy clothes	56	13.5
h. Pay transportation costs	46	11.1
i. For savings/investment	32	7.7
j. Buy property	19	4.6
k. Start or run a business	14	3.4
l. For agricultural inputs/equipment	9	2.2
m. Purchase livestock	5	1.2
N=415		
<i>Note: Question allowed multiple responses</i>		

Goods transfers are another dimension of remitting behaviour. A quarter of the respondents had sent goods to South Africa at least once in the previous year. However, 54% had not sent anything at all. The

most popular items sent by the physicians included books/educational materials, clothing and household goods and appliances. The value of the goods remitted to South Africa was significantly lower than that of cash remittances. Less than 10% of the physicians sent goods valued at more than CAN\$1,000 (ZAR8,000) annually. Among the remitters, the mean value of goods sent was CAN\$875 (ZAR7,000). However, when the data is adjusted to include non-remitters, the mean value of the goods sent to South Africa drops to only CAN\$340 (ZAR2,720) annually.

DIASPORAS IN DEVELOPMENT

African diasporas are known for forming associations with fellow professionals and migrants from their country of origin and engaging in a raft of social, cultural and economic activities that involve others from that country.⁵¹ The links which develop between migrants can potentially influence their social and economic position and integration in the destination country and the benefits may also extend to the country of origin through the activities of diaspora organizations ('development by the diaspora').⁵² Studies of (non-South African) African diasporas in Canada and in other countries have demonstrated the importance of associations in the social life of diasporas and in maintaining and fostering linkages with home.⁵³

The South African physician diaspora in Canada is generally 'disengaged' when it comes to forming associations with other fellow home country professionals in either country. Indeed, more than half (51%) do not participate in any form of diasporic association (Table 5). Universities in the developing world often rely on their alumni associations for fundraising activities and the non-participation of these professionals in their former university's alumni association represents a significant loss of resources.⁵⁴ But only 21% of South African physicians in Canada are members of an African university alumni association. Furthermore, only 17% participate in charitable organisations with links to Africa and even fewer (8%) participate in the activities of Canadian NGOs that operate in Africa.

The physicians were generally uninterested in making contributions to charities and NGOs that operate in South Africa. Only 16% had made a donation in the previous year to a Canadian charity operating in South Africa, 14% a donation to a charity organisation in South Africa, and 13% a donation to a religious organisation in South Africa. The actions of the physicians certainly do not demonstrate a strong commitment to the work of organizations actually operating outside the control of a government they generally see as deeply corrupt and discriminatory. The qualitative evidence from the survey shows that lack of trust between the

physicians and the charities is one of the factors influencing their non-participation. As one observed, “The money goes into a deep dark pit, and does not contribute to self-development. Any help sent there lands in the bottomless pit of corruption.”⁵⁵ Another went further: “South Africa wants my skills, my money, my time and my sweat, but despises me and mine.”⁵⁶

Table 5: Participation in Home Country Activities

Which of the following organizations do you belong to or participate in?	No.	%
a. African diaspora association	1	0.2
b. African Student association in Canada	1	0.2
c. Alumni association of an African University	89	21.4
d. Charitable organization in Canada with links to Africa	72	17.3
e. South Africa ethnic/cultural or hometown association in Canada	5	1.2
f. NGO (Non-Governmental Organization) in Canada with programs in Africa	33	8.0
g. Professional association in Africa	73	17.6
h. Religious association/organization in Canada with links to Africa	51	12.3
i. I do not participate in any such organizations	211	50.8

Note: Question allowed multiple responses

Further evidence of the disengagement of the South African physician diaspora is provided by the maintenance of property and other investments in South Africa. As many as 57% of the physicians maintain an active bank account in South Africa but these are funds ostensibly for use during their visits. Only 25% said they have substantial savings in their bank accounts. At the same time, a significant minority have not sold up completely: 17% have a property, 35% have investments and 27% have a house in South Africa. However, these are generally assets acquired before leaving. Only 5% had bought a house or property in South Africa over the previous year and only 4% had invested in a South African business. The vast majority of those still holding these assets in South Africa are recent (post 2000) immigrants to Canada. As Table 6 shows, there is a consistent pattern of decline in South African asset ownership over time as the physicians sell their property, close their bank accounts and disinvest. We can expect them to relinquish these assets in due course as part of an ongoing process of disengagement.

The disengagement of the physician diaspora does not only relate to present day activities but also extends into the future. Only 16% said they are likely to send money for development projects in South Africa in the future, 15% might participate in educational and other exchanges with South Africa, and 13% might participate in fundraising projects in South Africa. Only 10% said they would invest in a business in South Africa and just 8% might work for a period of time in South Africa.

Table 6: Asset Ownership Levels in South Africa by Year of Migration

	Period of immigration							N
	Before 1980 (%)	1980-1984 (%)	1985-1989 (%)	1990-1994 (%)	1995-1999 (%)	2000-2004 (%)	2005-2009 (%)	
A bank account	1.3	0.4	4.2	11	12.7	32.6	37.7	236
A business	6.7	0	0	6.7	0	33.3	53.3	15
A house	0.9	0	2.7	9.8	12.5	34.8	39.3	112
Investments	1.4	0	6.2	13.1	11	38.6	29.7	145
Property (land)	2.9	1.4	2.9	4.3	14.5	29	44.9	69
Savings	1.0	0	5.9	9.8	9.8	37.3	36.3	102
Bought a house or property in South Africa	5.0	0	0	10.0	15.0	20.0	50.0	20
Invested in a business in South Africa	6.7	0	0	6.7	13.3	33.3	40.0	15

Migrants are sometimes portrayed as instruments of change in their countries of origin. Political actions by migrants which affect politics in the country of origin have even been called ‘political remittances.’⁵⁷ With technological advances, migrants have become visible players in the ‘global public space or forum.’⁵⁸ Migrants may participate in several ways, ranging from demonstrations against the conduct of the home government to the transfer of ideas and resources to opposition groups in the home country.⁵⁹ The South African physician diaspora exhibits high levels of disengagement when it comes to participation in political activities. Even though 58% of the respondents said they closely follow politics in South Africa, only 1% became or remained a member of a political party in South Africa in the previous year and only 0.2% made a donation to a political party in South Africa.

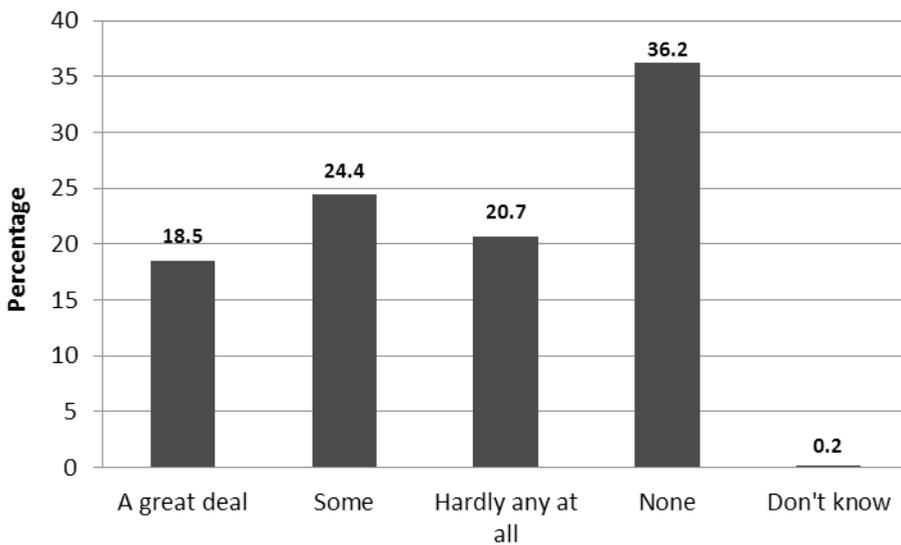
RETURN MIGRATION

One of the building-blocks of the neo-liberal critique of the brain drain is that sending countries eventually experience a brain gain as professionals return.⁶⁰ Studies in other contexts have shown that returning migrants not only bring new skills and knowledge acquired from abroad but also potentially beneficial relationships which enable them to foster foreign investment and introduce new forms of leadership.⁶¹ Some even argue that return migration is a natural process, bringing a sense of closure, the ‘end product’ of the migration cycle.⁶²

In order to gauge the potential for return migration, the respondents were asked whether they had considered returning to South Africa. The

results were discouraging. As many as 36% said they had never considered returning while another 21% had given it hardly any thought (Figure 5). The remaining 43% said they had considered returning to South Africa at some point. However, very little return migration to South Africa can be expected in the foreseeable future. Only 7% said they are likely to return within the next two years and 10% that it was likely within the next five years. Few had taken any concrete steps to return. Less than 2% of the participants had applied for a job in South Africa in the previous year.

Figure 5: Consideration Given To Returning to South Africa



Given our arguments about progressive disengagement, it is important to ask whether the likelihood of return has any relationship with the time spent away. Logically, the longer someone is away the less likely it is that they will return as the economic, social and personal costs begin to climb. This proved to be the case: 74% of those who had given the matter a great deal of recent thought came to Canada after 2000. The equivalent figures were 20% for those who came in the 1990s and 6% for those who came before 1990. A similar pattern emerged in relation to the likelihood of return. Although the overall likelihood of return is very small, the numbers likely to return within three different time periods (short, medium and long term) consistently decline with the length of time since migration (Table 7).

	Period of Immigration (%)						
	Before 1980	1980-1984	1985-1989	1990-1994	1995-1999	2000-2004	2005-2009
Within the next two years	0.0	0.0	6.0	7.0	7.0	7.0	15.0
Within the next five years	3.0	0.0	2.0	1.0	6.0	8.0	22.0
At some time in the future	1.0	0.0	7.0	13.0	11.0	20.0	14.0

In terms of the obstacles to return, 77% of the physicians cited safety and security as a major concern. Other factors likely to make the physicians consider returning are changes in the political system (53%) and changes in economic conditions and improved job opportunities (48%). Qualitative evidence from the survey showed that the main factors that might facilitate return migration are a reduction in crime levels and improvement in the management of health services. However, integration in Canada is likely to provide a major obstacle to return migration. Some of the medical doctors noted that their children have become integrated into Canadian society and would struggle to adapt to life in South Africa. Furthermore, some of the medical doctors feared that their specialisation might not be recognised in South Africa:

I would dearly like to return to SA but I have Canadian children and they would have no future there. I would like to work there eventually but provisional inquiries were not encouraging. My medical specialty training would likely not be recognized in SA (an absurdity, really). However, I am deeply pessimistic about the country's future.⁶³

Others noted that even though they might want to go back to South Africa, the conditions in the country had changed significantly since they left: "Since leaving South Africa in 2003 things have changed tremendously. I will not go back to South Africa. It is not the place I remember anymore. I'm proud to be Canadian but I will never give up or forget my African roots."⁶⁴ Return on retirement seems more likely. As one physician said: "We have multiple links in Africa; family, property, etc. We maintain it because it is still part of us and we cannot go without it. We would go back to Africa to live, but not to work".⁶⁵

The gloom and pessimism about South Africa and lack of interest in contributing to the development of the country was all-pervasive. Only one lonely physician sounded a contrary note. We quote them here at length, precisely because their views run completely against the grain and

illustrate what we might expect from an engaged rather than disengaged diaspora:

I have been considering moving back to South Africa for a year now and have finally made the decision. Despite an excellent income and good quality of life I prefer to be home. I prefer to share an uncertain future with family, friends and people who share the same background as me. Despite making great friends and acquaintances and making progress in my field I still feel like an immigrant to Canada... I realized that with my emigration to Canada I have also forsaken South Africa. I have realized in the last three years that the answers and solutions to South Africa's problems are far more likely to be found amongst the skilled and possibly therefore emigrants... I therefore see my role as using the knowledge that I've gained in the developed world or indeed just spent outside of South Africa to influence all South Africans to positive but realistic thinking.⁶⁶

CONCLUSION

The global debate about the relationship between migration and development is currently going through an “upbeat” phase after several decades of gloom.⁶⁷ In Southern Africa, it has been more difficult to be as optimistic. Researchers have laboured in the shadow of an entrenched conventional wisdom that migration is the result of an absence of development and that, in turn, it does little to promote positive development outcomes at the national, local and household level.⁶⁸ South Africans have responded to the influx of migrants into the country since 1990 with animosity, intolerance and violence. To argue, as many researchers do, that this movement might actually have positive outcomes for the country and its neighbours has proven to be a difficult sell. Most knowledgeable commentators agree that the exodus of skills from South Africa in the last twenty years has had serious negative impacts on the economy of the country. In the health sector, those impacts extend to the welfare of ordinary people as the understaffed and under-resourced public health system lurches from one crisis to another.

Migration and development optimists have now invented their own tradition. In the quest to demonstrate that global migration is a “winning ticket” for all, they have embraced the notion that diasporas do not represent a loss but an actual and potential gain.⁶⁹ Diasporas are, in the words of Otaviano Canuto of the World Bank “a potent force for development for their countries of origin.”⁷⁰ Neo-liberal economists have

taken this argument one step further to suggest that the activities of diasporas often come close to cancelling out any losses a country experiences through skilled emigration. In this article we have sought to examine whether this argument is sustainable in the South African context.

While this group of South African professionals appears to be proud to think of themselves as South Africans and seems to take a relatively keen interest in events in that country, they are disengaged from any serious diasporic interest in and commitment (beyond contact with and some limited support for family members who remain). Neo-liberal economists and proponents of diaspora engagement will find little to support their arguments in the views of this particular component of the South African diaspora.

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