

## Harmonizing Immigration and Refugee Policy Between the U.S. and Canada

by Arthur C. Helton and Eliana Jacobs

The Sept. 11 terrorist assaults prompted calls to address security issues on the United States' northern border. Canada's generous admissions policies combined with the relative openness of the U.S.-Canadian border have led to demands for the establishment of a North American security perimeter. Although much depends on future events, there are limits to the likely scope of harmonization.

Unlike in Europe, full harmonization of U.S. and Canadian policies is not necessitated by broader political and economic objectives. The European Union required significant integration to achieve the free movement of goods, services, and people within member states. Without such an overriding imperative, the dissonance between different admissions criteria and procedures, and underlying traditions and values, is likely to be amplified.



U.S. agent patrols border between New York and Quebec.

The differences are many. For example, the United States and Canada provide visa waivers to nationals of different countries and employ different criteria for the admission of immigrants. In terms of immigrant admissions, Canada emphasizes needed skills while the United States favors

*Continued on page 2*

## Migrant Street Children on the Rise in Central America

by Yvette Collymore

Natural disasters, economic crises, poverty, and other pressures have helped create a new kind of Latin American migrant. This traveler, who may be as young as 12 years old, is part of a growing population of street children in a region where the World Bank estimates that 90 million children—almost half of all minors—live in poverty.

Child advocates say the number of Central American migrants who are children has grown dramatically since Hurricane Mitch, with the numbers from Nicaragua and Honduras up to several thousand a year. The late-1998 storm killed thousands of people in Central America and increased the subregion's social, economic, and ecological vulnerability. Honduras and Nicaragua, two of the poorest countries in the Western Hemisphere, have hardly begun to recover from the devastation.

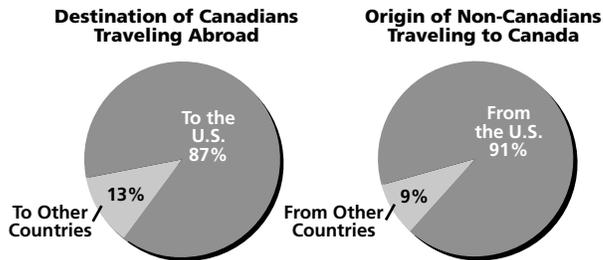
*Continued on page 4*

### INSIDE THIS ISSUE

- Young Women in Sub-Saharan Africa Face a High Risk of HIV Infection* . . . . . 3
- The Gender-Environment Dynamic* . . . . . 5
- A Spiraling Shortage of Nurses* . . . . . 8
- Speaking Graphically: Asylum-Seeking in Selected OECD Countries* . . . . . 11

## Border Crossings, October 2001

While protecting against a terrorist threat is important to the United States and Canada, so too are the ease and efficiency with which Americans and Canadians travel back and forth across their common border.



Source: Statistics Canada, *The Daily* (Dec. 18, 2001).

family unification. With respect to asylum seekers, the two countries use different procedures for adjudicating claims, have different standards for nonreturn, and diverge on the use of detention. Deportation policies also vary.

The first step toward a bilateral harmonization of policies is the Joint Statement on Cooperation on Border Security and Regional Migration Issues, signed Dec. 3, 2001, which calls for the coordination of certain visa and asylum requirements. These include:

- Jointly assessing incoming passengers to identify those requiring closer examination upon arrival;
- Increasing the number of Canadian and U.S. immigration control officers abroad to screen individuals before they reach our ports of entry;
- Developing common biometric identifiers in passports and in residence and border-crossing cards to reduce travel document fraud and allow officials to

identify passengers who require closer scrutiny while letting precertified travelers pass quickly; and

- Enhancing coordination among law enforcement and other agencies addressing security threats.

A U.S.-Canada Smart Border Declaration issued later in December began to implement some of these measures, but the United States and Canada must aim for more than a static agreement and develop an effective implementing and dispute resolution process.

One major feature of the U.S.-Canada agreement concerns reviewing the visa-waiver programs in the respective countries. These arrangements permit nationals of designated countries to travel and enter without a visa. Visitor visa requirements are blunt policy instruments that often draw concerns from business interests worried that delays in transferring or hiring executives, managers, and professionals will diminish the bottom line. Joan Atkinson, assistant deputy minister for policy and program development with Citizenship and Immigration Canada, related in December 2001 the recent imposition of a visa requirement on Hungarian nationals, prompted by a stream of Hungarian Roma who had come to Canada claiming refugee status. The visa requirement sweeps more broadly, however, and Canadian officials were busy assuring businesses that Hungarian business visitors' travel would be facilitated through devices such as five-year multiple-entry visas. The United States also has a visa requirement for Hungarian nationals.

The U.S.-Canada agreement also addresses asylum policy, particularly by authorizing a

safe-third-country provision that would permit refugee claimants to be returned to the country of first arrival. This provision is likely to prompt the greatest resistance from nongovernmental organizations (NGOs) that uphold refugee rights, according to Atkinson, who said that several Canadian NGOs had already expressed concerns. Indeed, the impact could be substantial. Atkinson said that 37 percent of refugee claimants in Canada (some 12,000 to 13,000) come through the United States and could be returned to the United States under a safe-third-country rule. Under such a provision, the details of the asylum systems of each country would be scrutinized for divergences in matters such as standards of proof, special criteria for Chinese claimants, and detention practices. Overall implications could be far-reaching. Ultimately, these arrangements could herald broader asylum-sharing arrangements between North American and European Union member states, which are embarked on the quest for a common immigration and asylum policy. Canada has indicated an interest in the past in joining such an arrangement.

Even the limited forms of harmonized immigration and refugee policies that are foreseeable are not likely to eliminate future acts of terrorism, although they may in some instances make it easier to investigate and apprehend terrorists after the fact. Astutely targeted law enforcement activities will be far more decisive in fighting the terrorist threat. ■

### For More Information:

For additional publications on U.S.-Canadian border security, visit the website of the Council on Foreign Relations: [www.cfr.org](http://www.cfr.org).

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# Young Women in Sub-Saharan Africa Face a High Risk of HIV Infection

by *Lori Ashford*

New data released on World AIDS Day in December revealed a growing but under-reported tragedy: In sub-Saharan Africa, the epidemic's victims are increasingly young and female. The latest global estimates, prepared by the Joint United Nations Programme on AIDS (UNAIDS), show that in sub-Saharan Africa, the region hardest hit by the epidemic, about 8.6 million people between the ages of 15 and 24 are living with HIV or AIDS. Of these, 5.7 million are young women (see table).

These numbers stand in striking contrast to global data on the AIDS epidemic. Worldwide, women account for an estimated 48 percent of adults ages 15 to 49 who are living with HIV or AIDS. In sub-Saharan Africa, where HIV is spread mainly through heterosexual activity, women account for 55 percent of infected adults. Among those ages 15 to 24, however, young women account for 66 percent of those infected. (The figure on page 6 shows the disparity in percentages of young people infected, by gender.)

Studies have shown that adolescent girls in this region are between two and six times more likely to contract HIV than their male peers. These girls and women face a whole range of disadvantages that make them especially vulnerable to infection.

- **Biological factors.** Physiological differences between men and women make transmission of HIV through sexual contact more efficient from men to women than vice versa. (During sexual intercourse, a woman has a larger surface area of her genital tract exposed to her partner's sexual secretions than a man does.) The immature reproductive tracts of adolescent girls make them even more susceptible to infection than adult women.
- **Social dynamics.** Commonly paired with older partners who have already been exposed to HIV, girls and young women often lack the knowledge or self-confidence to resist sexual advances or persuade older men to use condoms. Girls are also more likely than boys to be raped or coerced into sex by someone older and more powerful.

## Young People Living With HIV/AIDS

Number of people ages 15 to 24

	Young Women	Young Men
Sub-Saharan Africa	5,700,000	2,800,000
World Total	7,300,000	4,500,000

Source: UNAIDS, unpublished estimates, December 2001, as cited in K. Kiragu, "Youth and HIV/AIDS," *Population Reports* (Fall 2001).

- **Cultural practices.** In many societies, parents teach young women to be submissive to men and arrange marriages for their daughters at young ages. In these situations, and when men have multiple wives, newly married young women may contract HIV unknowingly from their sexually experienced husbands. Many women do not bring up the subject of HIV status with their husbands for fear of violence or reprisals. Also, some societies practice wife inheritance, a tradition in which a wife is given to her brother-in-law upon her husband's death. This can expose either partner, if he or she was not already exposed, to HIV infection.

- **Economic deprivation.** Poverty may compel girls and women to offer sex in exchange for money or gifts. And the most impoverished women are the least likely to seek out or have access to services for the prevention or treatment of sexually transmitted infections, including HIV/AIDS.

A Johns Hopkins University report on youth and AIDS published in December 2001 warns that, as the AIDS epidemic spreads, infection will continue to spread to younger age groups as men choose increasingly younger sexual partners. "Many men believe, probably correctly, that younger girls are less likely to be infected with HIV," the authors explain, "while others hold the mistaken belief that having sex with a virgin can cure AIDS."

Reflecting these trends in sexual preferences, young women with HIV are infected on average 10 years earlier than men and, conse-

*Continued on page 6*

# Underage Immigrants Exploited *Continued from page 1*

Photo removed for copyright reasons.

*City benches serve as beds for these boys in Managua.*

that many try to learn the Mexican national anthem to fool U.S. immigration agents into sending them only as far as Mexico City.

Typically, this type of Central American migrant is a boy, 12 to 16 years old, with no resident father, many siblings, and a mother who earns a living by washing clothes or sending her children out to sell tamales, said Harris. Often abused by family members, increasing numbers of these children look elsewhere for support. With no papers and little money, they are easily transformed into street children.

The United Nations Children's Fund (UNICEF) estimates that, around the world, there are some 100 million children for whom the streets are home. In Honduras and Nicaragua, the World Bank calculates that 8 percent to 12 percent of all children below the age of 18 are working or living in the streets—or both. Of those children who work, live, and sleep in the streets, there has been an eightfold increase in the Honduran capital alone in the last decade, says the Bank.

Many migrant children sell their labor, while others, particularly girls, are sold into prostitution or are sexually exploited in other ways. Girls from Honduras and El Salvador have been lured to Guatemala, and Nicaraguan girls have gone to Guatemala and El Salvador with job offers, according to ECPAT International, a network of groups and individuals working to end child prostitution, child pornography, and the trafficking of children. The girls are taken to brothels, bars, or nightclubs and are at heightened risk of HIV infection.

For the most part, migrating street children beg or subsist on the little money they earn picking up garbage, hawking small goods, shining shoes, parking cars, and washing windshields. Some rely on petty crime and may seek escape by sniffing glue and using alcohol and other drugs. The World Bank reports local sources' estimates that 90 percent of street children in Central America sniff glue. Without adult protection, young people wandering the streets suffer physical abuse and even murder at the hands of gangs and police. Police, who recognize street children's vulnerability as illegal immigrants and criminals and tend to view such children as a public nuisance, according to Human Rights Watch, have been implicated in beatings, rapes, and murders of street children.

Despite major gains in improving children's lives in the region during the past decade, many

*Continued on page 5*

## Socioeconomic Context

	El Salvador	Guatemala	Honduras	Nicaragua
Population in millions, 2000	6.4	13.0	6.7	5.2
GNI PPP per capita,* 1999	US\$4260	US\$3630	US\$2270	US\$2060
% of population below the national poverty line, 1999	48	58	53	50
Total fertility rate,** late 1990s	3.5	4.8	4.4	4.3
% of population under age 15 in 2000	36	44	43	43
% of primary school age children in school, 1999	78	77	86	80
% of population with access to safe drinking water, 2000	77	92	88	77

\*Gross national income per capita, adjusted for purchasing power parity.

\*\*The average number of children per woman.

Sources: PRB's 2001 World Population Data Sheet; UNDP, Human Development Report 2001; and UNICEF, Progress Since the World Summit for Children: A Statistical Review, 2001.

Street children are primarily an urban phenomenon; poverty drives people in search of better opportunities to urban areas, where family ties are looser, adult supervision less, and social safety nets often nonexistent. In an effort to escape hardship, children leave what served as home and walk, hitchhike, or hop trains in the unrealistic hope of reaching the United States. Most of them make it only to Guatemala, ending up in situations as poor as those they left. Far fewer may reach Mexico, and fewer still may get to the United States and Canada, according to Bruce Harris of Casa Alianza, a branch of the New York-based Covenant House that provides food, shelter, and other services to homeless children in Mexico and Central America.

"Those who make it to the United States generally follow the flow of Mexican migrants into the Southwest and more and more into the Carolinas and West Virginia," said Harris, an internationally known advocate for children's rights. "Those that get caught are shipped home," he said, adding

# The Gender-Environment Dynamic

by *Justine Sass*

In Thailand, foresters invited a group of village men to a meeting to plan a community forestry project. The men told the foresters that they needed hardwood tree species to make furniture and woodcarvings to sell. But when 3,000 hardwood seedlings were provided, they all died. Why? Because in that location, women care for the seedlings, and they prefer softwood tree species for fuel and fodder. No one had told them that the trees were coming.

As seen in this example, drawn from a 1995 report by the UN Food and Agriculture Organization, women and men have different opportunities to participate in decisions regarding natural resource use. These opportunities reflect gender-based roles and responsibilities in their lives, families, households, and communities and are based on different access to, control over, and knowledge of natural resources. Understanding the dynamic between gender and the environment helps decisionmakers develop realistic strategies to manage natural resources sustainably and to plan for better human health and well-being.

## Different Patterns of Resource Use

In most regions of the world, men play a greater role than women in the exploitation of natural resources for commercial purposes—logging,

grazing livestock, fishing, mining, and extracting various tree products. While both women and men are involved in economic activities such as farming, women have additional domestic responsibilities such as food preparation, water and fuelwood collection, child care, and maintaining family health.

Women's social status, especially in developing countries, limits their legal and independent access to land. In many countries, land tenure is linked to women's marital status; women often lose land rights if they are divorced or widowed. Even in countries where the law guarantees women and men equal access to land, women may not be aware of their rights, or customs may exclude women from de facto ownership. In Zimbabwe, Burkina Faso, and Cameroon, for example, women have the legal right to own land and trees but, in practice, men control nearly all of the property. Such insecure land tenure influences how different groups use natural resources. Women, the poor, and other marginalized groups are less likely to invest time and resources and to adopt environmentally sustainable farming practices on land they do not own.

Both women and men are sources of knowledge about sustainable resource management

*Continued on page 10*

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## Getting Kids Off the Street *Continued from page 4*

challenges remain. In Latin America and the Caribbean as a whole, 500,000 children under 5 years old die annually of preventable diseases, and almost 4 million children younger than 5 are malnourished, 1999 UNICEF data indicate. The pressures on children are particularly acute in Central America, where countries continue to suffer the socioeconomic consequences of war, rapid population growth, and environmental degradation (see the table at left).

To address these issues, organizations and groups are promoting education, vocational training, and other initiatives to assist families

and children in poor communities. Others engage in remedial activities that target street children, providing shelter, health care, drug rehabilitation, counseling, and job training. The ultimate goal of many of these programs is to resolve family conflicts and reunite the children with their families, or to place them in foster care. For the countries involved, the challenge is to translate the standards and commitments of international treaties—including the widely endorsed 1989 Convention on the Rights of the Child—into action that makes a tangible difference to children living on the margins. ■

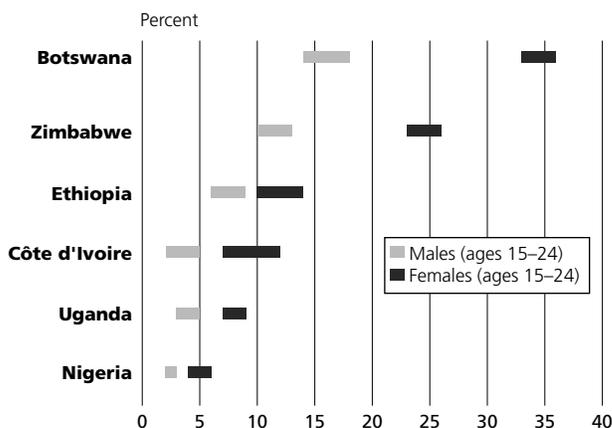
### WebExtra!

For a list of references and related websites, locate this article under the "Youth" topic on PRB's website: [www.prb.org](http://www.prb.org).

# In Africa, AIDS Is a Young Women's Epidemic *Continued from page 3*

## HIV Prevalence Among African Youth

Estimated percentage ranges in selected countries, end 1999



Source: UNAIDS, *Report on the Global HIV/AIDS Epidemic* (June 2000).

quently, many will die at younger ages than men. As a result of this situation, the U.S. Census Bureau projects that by 2020 there will be more men of reproductive age than women in the most severely affected countries of sub-Saharan Africa. This imbalance could lead men to seek even younger women, further increasing HIV infection among adolescent females.

In spite of their exceptional vulnerability, millions of young African women are ignorant about HIV/AIDS and how to prevent it. Demographic and Health Surveys from the region show that, among young women, knowledge of at least one preventive measure (such as abstaining from sex or using a condom) ranges from 15 percent in Mozambique to 72 percent in Kenya. In all countries surveyed, young women have lower awareness than their male peers.

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Experiences in Uganda and Senegal provide some hope that the epidemic can be brought under control, given adequate commitment. In these countries, governments confronted the epidemic early, with donor support, and launched nationwide information and education campaigns that reached down to the village level, including schools. Unfortunately, this kind of commitment is lacking in most parts of the continent.

AIDS education among young people and promotion of condom use are controversial undertakings nearly everywhere. But many programs have demonstrated effective ways to promote responsible sexual behavior through peer educators and other innovative channels. In particular, health experts are advocating prevention efforts that take into account the distinct social roles and circumstances of men and women. For example, programs can provide information and counseling to young women to help them gain negotiating skills, and to young men to help them resist the social pressures that lead to risky behaviors.

The new figures represent only rough estimates, based on country data that are not yet refined. Nevertheless, they should serve as a wake-up call to policymakers that, to bring the AIDS epidemic under control, much greater focus on young people is needed. ■

### For More Information:

Kiragu, Karungari. "Youth and HIV/AIDS: Can We Avoid Catastrophe?" *Population Reports*, Series L, No. 12. Baltimore: The Johns Hopkins University Bloomberg School of Public Health, Population Information Program, Fall 2001.

Sass, Justine, and Lori Ashford. *Women of Our World 2002*. Washington, DC: Population Reference Bureau, forthcoming February 2002.

Joint United Nations Programme on AIDS. *AIDS Epidemic Update December 2001*. Geneva: UNAIDS, December 2001.

## Webwise

[www.prb.org](http://www.prb.org) • [www.ameristat.org](http://www.ameristat.org) • [www.popnet.org](http://www.popnet.org) • [www.measurecommunication.org](http://www.measurecommunication.org)

The following were posted recently on the PRB network of websites:

### KIDS COUNT International Data Sheet

Modeled on the annual KIDS COUNT Data Book, a national and state-by-state rundown of the status and well-being of U.S. children, this data sheet documents children's status country by country on 10 key indicators: number and percentage of children under age 18; mortality rate under age 5;

15-to-19-year-olds giving birth each year; primary school age children in school; malnourished children under age 5; children with required immunizations; births with skilled attendant at delivery; population with access to safe water; and the number of AIDS orphans. ([www.prb.org](http://www.prb.org))

### Malaria Basics: Global Impact and Actions

Malaria takes its toll not only in lives lost—1 million annually in sub-Saha-

ran Africa alone—but also in medical costs, lost income, and reduced economic output. In trying to prevent the spread of the disease, health workers face substantial challenges, ranging from drug-resistant forms to military conflicts. This article details global initiatives to prevent, treat, and cure the disease and highlights national policies and program efforts that have been successful. ([www.prb.org](http://www.prb.org))

## China's One-Child Policy Becomes Law

After some 20 years of implementing a one-child policy, China has passed a bill making the policy a law—the country's first legislation on family planning and population. Passage of the new law does not ease what many consider a coercive one-child policy: Urban couples still will be entitled to just one child, unless they are members of ethnic minorities or are both only children themselves, and rural couples will continue to be allowed to have two children if their first child is a girl.

What the law does promise, according to press accounts, is greater "stability" in family planning. It clears up confusion that arose at the provincial and local levels as to how the one-child policy should be enforced, introducing language against excesses. For example, it makes possible the punishment of local officials who kill newborns whose births are "out of plan." It prohibits discrimination against and abuse of female infants, including the use of sonograms to determine gender and justify aborting female fetuses (although exact penalties for excesses and abuses are unspecified, and enforcement will continue to rest with local officials).

The British Broadcasting Corp. reported that the law contains other new provisions. These aim at educating women, providing women with jobs, improving women's health and status, making men and women equally responsible for family planning, and providing for sexual health education in schools and through the media.

China's population is 1.3 billion, and the state is relying on the new family planning law to cap the number at 1.6 billion by 2050. The law will take effect in September 2002.

## NARAL Rates States on Contraceptive Access

In December 2000, the U.S. Equal Employment Opportunity Com-

mission ruled that an employer's refusal to provide insurance coverage for prescription contraceptives when it covers other preventive drugs constitutes sex discrimination. A year later, most states still are not requiring comprehensive insurance coverage of contraceptive drugs and devices, according to Kate Michelman, president of the National Abortion and Reproductive Rights Action League (NARAL).

Last December, NARAL released *The Contraceptive Report: A State-by-State Review of Access to Contraception*. Its findings include:

- Seventeen states now require equitable insurance coverage of contraception.
- Twelve of the 17 states requiring equitable coverage include in their laws denial clauses that allow employers and insurers to refuse coverage of contraceptives on religious or moral grounds.
- The states with the best records on promoting access to contraceptives are California, Georgia, Hawaii, Iowa, New Hampshire, North Carolina, Vermont, and Washington.

"Women pay 68 percent more in out-of-pocket health care expenses than men," Michelman said, "with reproductive health care costs accounting for much of the difference. ... It is time for states to step up to the plate and pass contraceptive equity legislation now."

The report is available on the NARAL website: [www.naral.org/mediaresources/publications/2001cont/](http://www.naral.org/mediaresources/publications/2001cont/).

## Sanctions Threatened for Zimbabwe

Zimbabwe faces suspension from the Commonwealth and sanctions by the European Union (EU) for measures that President Robert Mugabe took in January in the run-up to the presidential election in March. Mugabe introduced two pieces of legislation that would effectively silence political opposition. One, called the Access to Information and Protection of Pri-

vacy bill, would ban foreign journalists and require government licenses for local journalists. The other, which has already become law, the Public Order and Security Act, gives the government sweeping powers to arrest and detain anyone accused of terrorism. The government has allegedly labeled some journalists "terrorists."

Meanwhile, after Mugabe announced a 93 percent pay increase for army personnel, the head of the defense forces hinted in January that, if the opposition candidate for president were to win in March, the army would not support or serve under him.

EU members have acknowledged that sanctions to force a stop to these abuses of democratic principles would only hurt the people of Zimbabwe, who already are coping with inflation over 100 percent, a looming food shortage triggered by government-sponsored confiscation of prime farmland (and eviction of its white owners), a health system that the World Health Organization in August 2001 rated the worst in the world, and the infection of 25 percent of the adult population with HIV/AIDS.

## U.S. Population Estimates for 2001

The Census Bureau announced that the United States grew by 1.2 percent between April 1, 2000, and July 1, 2001, adding 3.4 million people. Total population increased from 281.4 million to 284.8 million. Nevada continued to record the fastest growth of all the states, 5.4 percent; at the other extreme, North Dakota and West Virginia shrank. More than 60 percent of the national growth was the result of natural increase, or more births than deaths; the rest was from international migration. The estimates, released by the Census Bureau in late December, were the first ones based on Census 2000 data. They are available on the Web at: <http://eire.census.gov/popest/estimates.php>. ■

# A Spiraling Shortage of Nurses

by Marc DeFrancis

*This is the second in a two-part series on the demographic and policy dimensions of the nursing shortage in the United States.*

In the midst of its preoccupation with the war against terrorism, Congress has been giving serious consideration to legislation that addresses a key domestic issue—the nationwide nursing shortage. The label is a disputed one. Hospital associations argue that we are suffering from a labor shortage in the nursing field, while nursing unions say the needed labor is indeed available—but, under current conditions, no longer willing to work.

## Accelerating Hospital Vacancies

Although nurses work in many other settings, hospitals are on the front line. Registered nurses (RNs), who the Bureau of Labor Statistics reports make up 77 percent of the nursing work force, work primarily in hospitals (59 percent do). Hospital RN vacancy rates—the number of budgeted full-time RN positions that are unfilled, divided by the total number of budgeted full-time RN positions—are therefore an important indicator of the need for nurses. Statewide rates are not always available or comparable (for some available state rates, see table), but national figures, existing statewide reports, and news coverage all make it plain: Openings for RNs have become ever more difficult to fill.

The reasons are partly demographic (see January 2002 *Population Today*). The U.S. population is aging and needs more acute care. At the same time, the pool of women of prime working ages (25 to 44), who ordinarily serve as caregivers, has not kept pace—in part because racial and ethnic minorities are under-represented in the RN work force (see Figure 1).

Even so, the staffing problem cannot easily be blamed on an absolute shortage of qualified labor. Of the 2.7 million licensed RNs in the United States, 18 percent are not practicing in the field, according to the Health Resources and Services Administration, part of the U.S. Department of Health and Human Services. Foremost among the factors driving the shortage is an increasing unwillingness of nurses to stay in the field and a parallel trend of students choosing not to pursue nursing degrees. These factors are reflected in the gains and losses shown in Figure 2.

That the situation could grow still worse is suggested by the case of Florida. With a large elderly population and a growing segment of medically uninsured, the state is experiencing not only steeply rising nursing vacancy rates (nearly doubling since 1999), but also continual increases in the number of patients entering facilities, with both factors putting enormous stress on hospital budgets and staff. Annual turnover rates among RNs exceed 20 percent in most regions of the state, according to a November 2001

## RN Hospital Vacancy Rates, Selected States, 2001

State	Rate
Alabama	13
California	20
Delaware	16
Florida	16
Maryland	15
Nevada	13
Pennsylvania	10
U.S.	11

Source: American Hospital Association Workforce Survey 2001, cited in Florida Hospital Association, *FHA Study on Nurse Health Staffing Issues in Florida* (November 2001).

report by the Florida Hospital Association, and 21 percent of all RNs in the state are not practicing. As elsewhere, nursing programs in Florida are enrolling fewer new students, and many RNs are approaching retirement (the average age of RNs in the state is 47).

## A Stressed Workplace

Working conditions for nurses have changed over the last decade, and not always for the better. It is much more common than it once was for RNs to be asked to work back-to-back shifts—as long as 16 straight hours. A June 2001 report by the General Accounting Office (GAO) indicates that patient loads (patients per nurse) have not only grown but have also become more acute. As a cost-cutting measure, many hospitals have moved less acute patients to nursing homes and other health care sites, making their own medical and surgical wards places where the most demanding needs are concentrated.

Overtime is one of the most common methods hospitals employ to bridge their

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staffing gaps. In a 2001 survey, 93 percent of hospitals in Florida cited it as a routine staffing method. When the American Nurses Association (ANA) surveyed its RN membership last summer, 67 percent of those responding said they now work some type of mandatory or unplanned overtime every month. “When this happens, supervisors will say to a nurse, ‘There’s no one to replace you—you have to stay,’” said Erin McKeon of ANA. “If the nurse refuses to stay, she can be charged with ‘patient abandonment’ and lose her license. But the nursing code of ethics also tells her she cannot work if she knows she’s too exhausted to provide quality care.”

### Political Action

Unable to attract stateside nurses, some hospitals are working to hire nurses from abroad. To smooth the way, Congress in 1999 passed a measure granting temporary work visas, but the measure, whose scope was very limited—it would cap the number nationwide to 500 per year—has yet to be put into practice by the Immigration and Naturalization Service. It also raises the question whether a long-term solution can come from hiring nurses from Canada, Caribbean countries, and the United Kingdom, which have their own nursing shortages.

For their part, nurses in the United States have begun using their collective clout to bargain for the kind of improved conditions that many believe could turn the shortage around. They are joining unions in unprecedented numbers, with the two largest nationwide groups—United American Nurses and the Service Employee International Union’s (SEIU) Nurse Alliance—currently at a com-

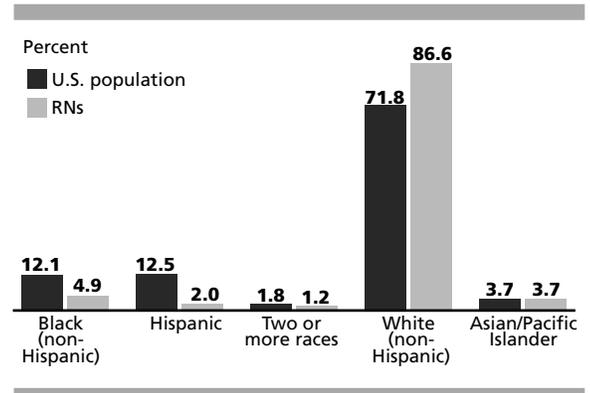
bined membership of over 200,000. These and other nurses’ unions have pressed for and won reductions in patient-to-nurse ratios, including major victories in California and Minnesota.

State legislators have intervened as well. In California, stringent and controversial new staffing ratios and other measures passed in 1999 are just now going into effect, with debate continuing on the exact ratio to enforce. New Jersey, Maine, and Oregon all passed laws limiting nurse overtime just last year.

Congress, too, has begun acting on the issue. In November, bipartisan co-sponsors in Congress introduced the Safe Nursing and Patient Care Act of 2001, which would allow nurses to refuse excessive overtime requests without fear of reprisal. The bill is similar to one introduced last spring by Rep. Tom Lantos, D-Calif., which would regulate nurse overtime through labor law. But the Safe Nursing bill, co-sponsored by Reps. Pete Stark, D-Calif., and Steven LaTourette, R-Ohio, would approach the problem through Medicare health law, enforceable through the provider agreements that hospitals must meet to receive this vital public funding. It is being lobbied for by nursing organizations around the country, including the ANA.

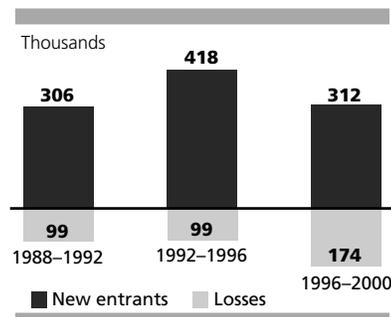
In December, the House and the Senate passed versions of the Nurse Reinvestment Act. Both bills would provide more federal funding for nursing scholarships and nursing recruitment. (Interestingly, passage of the bills coincided with the release of a study by the American Association of Colleges of Nursing showing that enrollments at U.S. nursing colleges and universities rose

FIGURE 1  
**Racial Composition of U.S. Population and RNs, 2000**



Source: HRSA, *National Sample Survey of Registered Nurses—March 2000*, forthcoming 2002.

FIGURE 2  
**Gains and Losses to the RN Population, 1988–2000**



Source: HRSA, *National Sample Survey of Registered Nurses—March 2000, Preliminary Findings*, 2001.

between 3 percent and 4 percent in 2001, reversing a six-year decline.) Yet only the Senate version of the Nurse Reinvestment Act addresses overtime and other working conditions. The two bills will likely be reconciled this spring.

Before nurses, health care organizations, and lawmakers formulate a long-term solution, the GAO recommends that more data on the exact scope and nature of the current problem be gathered: “As providers, states, and the federal government focus on the nursing work force, they have the opportunity to collect and analyze critical information on changes in the supply of and demand for nurses.” ■

practices, but they may know about different species and practices, according to their activities. In Brazil, for example, ethnobotanical surveys conducted in the Jaú National Park found that midwives were knowledgeable about certain plants, while traditional medicine men knew about others.

## Different Effects of Environmental Degradation

Deforestation, water scarcity, soil degradation, and exposure to agricultural and industrial chemicals and organic pollutants affect women and men in varying ways.

- **Increased time and energy collecting scarce resources.** As deforestation and resource degradation force people to travel longer distances for fuelwood, fodder, and water, women and men expend larger amounts of energy. The World Health

Organization estimates that the energy used to carry water may consume one-third of a woman's daily calorie intake. In areas where water is in particularly short supply, calorie use may be even greater, compounding the risk of malnutrition in resource-poor settings.

- **Higher exposure to indoor pollutants.** Soot from the burning of biomass fuels such as wood, charcoal, or agricultural residues for cooking and heating primarily affects women and children because they spend more time indoors than men (see figure). Epidemiological studies in developing countries have linked exposure to indoor air pollution from traditional fuels with acute respiratory infections in children, chronic bronchitis and asthma, lung cancer, and pregnancy-related problems.

- **Decreased nutrition for families.** Nutrition suffers when fuelwood shortages force households to economize on fuel by shifting to less nutritious foods that can be eaten raw or partially cooked, by eating partially

cooked food that could prove toxic, by eating leftovers that could rot in a tropical climate, or by skipping meals altogether.

Although these nutritional changes affect all household members to some degree, women and female children bear the greatest burden in places where they eat last and least.

- **Increased reproductive risks.** Exposure to certain agricultural and industrial chemicals and organic pollutants increases women's vulnerability in pregnancy and childbirth, and can lead to childhood illness and mortality. In a study in central Sudan, researchers found that 22 percent of hospital stillbirths were linked to expectant mothers' pesticide exposure. Men face reproductive health risks as well: Exposure to pesticides has been linked to testicular cancers and lower sperm counts.

## Gender-Responsive Environmental Policies and Programs

The different roles and responsibilities of women and men are closely linked to how they affect the environment through their economic and household activities and to how the resulting environmental changes affect people's lives. Understanding these gender differences is an essential part of developing policies aimed at both better environmental outcomes and improved health and well-being. As seen in the example from Thailand, as well as in other documented experiences and research, policymakers and planners can improve environmental planning by collecting more data on women's and men's use of, access to, and control over resources and by increasing opportunities for women to be involved in planning, monitoring, and evaluating environmental projects. Continued commitment and increased capacity at all levels of society are essential for achieving these goals. ■

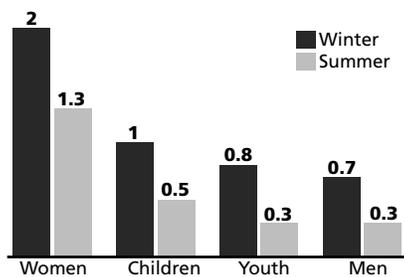
### For More Information:

This article is excerpted from "Women, Men, and Environmental Change: The Gender Dimensions of Environmental Policies and Programs," part of PRB's series *Emerging Policy Issues in Population, Health, and the Environment*. The full text will be on PRB's website ([www.prb.org](http://www.prb.org)) by the end of February.

The policy brief is being used to provide information to women environmental leaders attending a meeting in Helsinki, Finland, in March 2002. The meeting is being hosted by the Ministry of the Environment of Finland, the World Conservation Union (IUCN), and the Council for Women Leaders from Harvard University. The objective of the meeting, which will coincide with International Women's Day, March 8, will be to contribute to the preparatory process for the World Summit on Sustainable Development, to be held in Johannesburg, South Africa, this summer.

### Exposure to Indoor Pollutants in Rural India

Average daily exposure to pollutants from biomass fuel combustion, in mg/m<sup>3</sup> of total suspended particulate matter



Note: These levels of exposure, reported in a 1992 study, exceed both Indian and international standards. The Indian standard for residential areas is 0.10 milligrams per cubic meter, and the WHO guideline is 0.10 to 0.15 milligrams per cubic meter.

Source: S. Saksena et al., "Patterns of Daily Exposure to TSP and CO in the Garhwal Himalaya," *Atmospheric Environment* 26A (1992): 2125-34.

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# Numbers You Can Use

Latest data and estimates

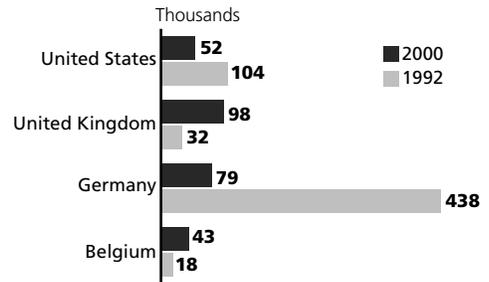
## Speaking Graphically

### Asylum-Seeking in Selected OECD Countries

From the mid-1980s through the early 1990s, applications for asylum rose sharply in Germany, the United Kingdom, and the United States. In response, according to the Organisation for Economic Co-operation and Development's *Trends in International Migration* report, these countries introduced restrictive measures such as the expedited processing (and frequent denial) of applications, the extension of visa requirements to additional countries, and the limitation of asylum eligibility to people from countries that have not signed UN conventions on refugees and human rights.

Still, global flows of asylum seekers started to rise from 1997 on because of regional conflicts and restrictions on immigration. The figure above illustrates the reduction in asylum seekers in the wake of the restrictions in Germany and the United States and the increasing popularity of the United Kingdom and Belgium as destinations for asylum seekers. Generous benefits account for much of the increase in the United Kingdom and in Belgium, according to the report. Belgium's total also rose due to an influx of asylum seekers from the Republics of the former Yugoslavia.

**Flows of Asylum Seekers Into Select OECD Countries, 1992 and 2000**



Source: Organisation for Economic Co-operation and Development, *Trends in International Migration*, 2001 edition.

## World Population

As of Feb. 2002 6,186,000,000  
 Annual growth 83,000,000

Source: Extrapolated from the mid-2001 population on PRB's 2001 *World Population Data Sheet*.

## Population of the United States

As of Jan. 1, 2002 285,828,934

Source: U.S. Census Bureau ([www.census.gov](http://www.census.gov)).

## U.S. Vital Stats

12 Months Ending With April

	Number		Rate	
	2001	2000	2001	2000
Live births . . . . .	4,070,000	4,003,000	14.7	14.6
Fertility rate . . . . .	—	—	67.7	66.5
Deaths . . . . .	2,389,000	2,397,000	8.7	8.8
Infant deaths . . . . .	26,800	28,000	6.6	7.0
Natural increase . . . . .	1,681,000	1,606,000	6.0	5.8
Marriages . . . . .	2,347,000	2,404,000	8.5	8.8
Divorces . . . . .	—	—	4.0	4.2

Note: Fertility rate is given per 1,000 women ages 15–44; infant deaths per 1,000 live births; other rates per 1,000 population. Number of divorces not available.

Sources: National Center for Health Statistics, *National Vital Statistics Reports* 50, no. 2 (accessed online at [www.cdc.gov/nchs/data/nvsr/nvsr50/nvsr50\\_02.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr50/nvsr50_02.pdf), on Jan. 16, 2002).

## Spotlight Statistic

### No Decrease in Fertility Rate for Mali

New survey data from the 2001 DHS indicate that Mali, which has the world's fourth-highest total fertility rate (TFR, the average number of children a woman has in her lifetime), shows no sign of decreasing fertility. The TFR registered in the previous survey, which covered a three-year period ending in 1995, was one-tenth of a point lower.

### Total Fertility Rate, 1998-2001

Nationwide	6.8
Urban areas	5.5
Capital city	4.9
Other cities	6.3
Rural areas	7.3

Source: *Demographic and Health Survey Mali 2001, Preliminary Report* (Bamako, Mali: Ministry of Health and Ministry of the Economy and Finance; and Calverton, MD: MEASURE DHS+ ORC Macro, 2001).

## WebSittings

### Your Guide to Virtual Resources

#### **Abortion Policies: A Global Review**

[www.un.org/esa/population/publications/abortion/abortion.htm](http://www.un.org/esa/population/publications/abortion/abortion.htm)

Produced by the UN Population Division, this wall chart provides information on the abortion policies of countries, including grounds on which abortion is permitted, reproductive health context, and background on policy development.

#### **Trends in International Migration, 2001 edition (OECD)**

[www1.oecd.org/publications/e-book/8101131e.pdf](http://www1.oecd.org/publications/e-book/8101131e.pdf)

The latest edition of this annual publication provides international migration statistics and policies for the 30 members of the Organisation for Economic Co-operation and Development.

#### **UN Environment Programme World Conservation Monitoring Centre**

[www.unep-wcmc.org/index.html](http://www.unep-wcmc.org/index.html)

The center provides information for policy and action to conserve species, forests, protected areas, marine and freshwaters, and habitats affected by climate change. It also addresses the relationship between trade and the environ-

ment. Details of international conventions and agreements are available on the website, which also features interactive mapping of species and protected areas.

#### **Cities Environment Reports on the Internet**

[www.ceroi.net/index.htm](http://www.ceroi.net/index.htm)

This website is supported by the UN Environment Programme (UNEP) and the Norwegian Industrial and Regional Development Fund. It was established for city authorities to share knowledge about managing urban environmental problems and to improve environmental policymaking. Environmental reports from 10 cities worldwide are available on the website, and many more will soon be added. The reports contain indicators such as pressures on the environment; state of the environment; impacts on the population, economy, and ecosystems; and response of the society.

#### **State of the Environment Gateway (UNEP)**

[www.grida.no/soe/](http://www.grida.no/soe/)

This website provides links to regional, national, and subnational reports as well as to other regional environmental information resources: statistics, maps, and graphics.

#### **International Family Health**

[www.oneworld.org/iff/](http://www.oneworld.org/iff/)

International Family Health (IFH), based in London, aims to improve the sexual and reproductive health and rights of disadvantaged people in resource-poor settings. IFH promotes policy change; strengthens the capacity of local partner organizations for service provision; and provides accurate and appropriate technical assistance and information to governments, donor agencies, nongovernmental organizations, and communities. Its website provides news and information on international projects.

#### **AMANITARE**

[www.amanitare.org/](http://www.amanitare.org/)

AMANITARE is a 10-year initiative (1999-2009) that supports the work of African nongovernmental organizations to prioritize and promote in their national public policy agendas the sexual and reproductive health and rights of women and girls. The website provides facts and figures and links to additional resources. ■

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