"Kenya-U.S. Relations: The Urgent Need to Manage Kenya’s Migrant and HIV-AIDS Brain Drain,"

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This paper is divided into three brief parts, the first examines Kenya’s special relationship with the U.S. and some reasons that have led to such a friendship; the second presents statistics showing migration and terminal brain drain and the various implications they are having on Kenya, and third, suggestions on how Kenya and its special friend, the United States could work together to manage the serious challenges confronting Kenya.

Introduction

During the past few decades, individuals, analysts and organizations have been monitoring relations between the United States and independent states of Africa. Yet some may have not noticed that Kenya appears to have a special positive relationship with the United States, hence a special friendship that has developed although Kenya is not the largest country in Africa in population or territory, and certainly not the wealthiest or the country with the most strategic natural resources such as crude oil, diamonds or gold on the continent (See Kaba, 2005). Major developments in the international arena in recent years have also resulted to that special friendship between Kenya and the U.S. to become even stronger. At the same time that relations between Kenya and the U.S. have been at their most positive and promising, Kenya turns out to be among a number of countries in Africa impacted severely by the continent’s “Dual Brain Drain” (Migration and Terminal Brain Drain). The migration brain drain is the flight of skilled workers to developed nations and the terminal brain drain is the death of Africans in countries and regions on the continent where relatively substantial numbers of people can at least read and write or with high school or college diplomas, and with relatively active economies.
Kenya’s Special Friendship with the United States

There are several events and policies that have resulted to the gradual development of positive or special relationship between Kenya and the United States. Let us examine some examples of these events or policies. First, there is the unusual granting of relatively high rates of student visas by the U.S. government to young Kenyans to attend colleges and universities in the United States. Within a community, one sure way of being loved or liked is by warmly opening your home to the children and grandchildren of residents of that community. In the international community, it appears as if that is what the United States has done by allowing a disproportionate number of young Kenyans to travel and study in its colleges and universities. For example, of the 37,724 African students enrolled in colleges and universities in the United States in 2001/2002, Kenyan students comprised 7,097 (18.8%). Of the 15,331 East African students from 19 countries enrolled during that same period, Kenya’s 7,097 students accounted for almost half (47%) of that total (Kaba, 2005). Of Africa’s estimated 887 million people as of 2005, Kenyans accounted for 34 million (3.8%) (Compiled and computed based on data in the 2005 CIA World Factbook). Kenya, on the other hand, in the late 1980s started the process of changing its education system from that of the British to the American system. These particular acts might have caused both the people of Kenya and the U.S. to have a very favorable view or fondness for one another.

Second, religious similarities between Kenya and the United States might have contributed to their special relationship. Not only are the two countries religious, but the majority of people in each country are Christians. As of 2005, in both the United States and Kenya, 4 out of every 5 people (78% in Kenya) are Christians. One example of America’s Christian influence in Kenya is the establishment of U.S. affiliated private Christian colleges and universities. For example, on January 12, 2001, the East African Standard published a list of 14 private colleges and universities in Kenya that were under different categories of accreditation. Of those 14 private colleges and universities, 13 (93%) were Christian based, with most of them affiliated with Christian institutions in the United States. The one university that was not Christian based, was still an American institution, the United States International University (USIU).

Third, language and colonial heritage might have contributed to the special friendship between the United States and Kenya. Kenya, like 18 other African countries and the United States, like tens of countries across the world, were once partly or fully colonized by the United Kingdom and English is an official language in both Kenya and the United States. So both Kenya and the United States not only share the United Kingdom as their mother country, but the UK might have also helped in encouraging both of its former colonies to become closer as friends.
This particular point brings us to reason number four: The triangle special friendship among the UK, the U.S., and Kenya might have been part of the reason for all three nations to adopt a capitalist economic system in the post World War II era, when compared to other nations in each country’s region, who experimented with socialist or communist economic systems (Tanzania, in the case of East Africa or Africa; France, Germany or the Soviet Union, when compared to the UK; and Canada, and a number of Latin American nations, when compared to the U.S. in the Western Hemisphere). As a result, both Kenya and the U.S. might have had a mutual admiration for each other because they shared similar important national economic system at a time when such a system was criticized by most countries in the world.

The fifth reason that might be cited for the special relationship between Kenya and the U.S. is that both countries have been victims of international terrorism and Kenya suffered its share of terrorism mainly because of its special friendship with the United States. The United States’ special relationship with Kenya might have grown stronger or closer after the 1998 terrorist bombings of the U.S. embassies in Kenya and in Tanzania, with most of the over 200 casualties being Kenyan citizens.

Finally, most Kenyans in Kenya and abroad, were very proud and celebrated when the American born son of a Kenyan economist, Barack Obama, was elected with 70% of the total vote in a U.S. Senatorial election in Illinois, USA in November 2000. In 2000, Illinois had a total population of 12.4 million, with whites comprising 73%, and blacks comprising 15.1 percent.

Kenya’s Serious Dual Brain: Migration of Skilled Workers and HIV/AIDS Deaths

Kenya is at the core when it comes to the number of skilled Africans leaving Africa for better jobs and other opportunities abroad and those with relatively high education level dying of HIV/AIDS on the continent. In 2001, 83.3% of Kenyans aged 15 and over could read and write, hence a 20.9 percentage points higher than the average for Africa south of the Sahara. The combined primary, secondary and tertiary gross enrollment ratio in 2000-2001 for Kenya was 52%, eight percentage points higher than the average for Africa south of the Sahara (UNDP Human Development Report 2003: 240), and as of 2000, Kenya had at least 100,000 students enrolled in colleges and universities in Kenya and abroad. So while a substantial proportion of Kenyans can at least read and write, and have high school and college degrees, when compared to other African nations, a higher proportion of Kenyans also die of HIV/AIDS when compared to other countries in Africa.

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Among the developed or rich countries benefiting the most from the African migrant brain drain is Kenya’s friend, the United States. The U.S. has the highest proportion of educated individuals who were born in Africa. For instance, according to a 2001 U.S. Census Bureau report, 94.9% of these African immigrants aged 25 and over have at least a high school diploma, compared with 87% of the American population. Furthermore, the proportion of the 700,000 Africans in the United States (as of March 2000) aged 25 and over with at least a bachelor’s degree was 49.3%, substantially higher than the average for the general population of 25.6%, and other foreign born populations in the country such as Asians (44.9%) (“Profile of the Foreign-born Population in the United States,” 2001).

Kenyans in the U.S. comprise a substantial number of those educated African immigrants. The 7,097 (18.8% of all African students) Kenyan students in the U.S. in 2001/2002 cited above are among those educated African immigrants in the country. Schiff and Ozden (2005) present a table in their World Bank study on the brain drain from poor developing nations. The table shows the top 10 countries whose skilled or college-educated citizens were residing outside of their countries, as of the year 2000. Among the 10 countries on the list are 7 (70%) black nations, with six of them in sub-Saharan Africa and the seventh, Haiti, in the Western Hemisphere. According to the list, the percentages of college-educated individuals who were residing outside their countries (with populations more than 5 million, as of 2000) were: Haiti (83.6%); Ghana (46.9%); Mozambique (45.1%); Kenya (38.4%); Laos (37%); Uganda (36%); Angola (33%); Somalia (32.7%); Elsalvador (31%); and Sri Lanka (29.7%) (pp. 173-177).

Today, one can find Kenyans in all parts of the developed world or rich nations, from Australia to Canada. According to Okoth (2003), as of 2001, there were 47,000 Kenyans in the United States, 20,600 in Canada, 15,000 in the United Kingdom, 6,900 in Australia, 5,200 in Germany and 1,300 in Sweden.

While Kenyans tend to be overrepresented among educated Africans in Africa and abroad, they are also overrepresented among those dying of HIV/AIDS in Africa. According to the Mail & Gaurdian (South Africa), HIV/AIDS has cut labor productivity in Africa by 50 percent. More than 2 out of three deaths among managers in Zambia have been due to AIDS, and an estimated 75% of deaths among the police force in Kenya are due to AIDS (June 25, 2002). Kenya risks losing this important achievement because it is one of the countries in Eastern Africa hit hardest with the HIV/AIDS epidemic. According to Hanefeld (2002), Kenya has HIV infection rate of 14% in its population and that an estimated 700 people die in that country from AIDS-related diseases annually (p.89). Wax (2003) adds that Kenya “…has yet to find an effective strategy for preventing the [HIV/AIDS] disease or for treating those who contract it. And AIDS continues to kill entire villages, to wipe out generations” (p.A-01). Kenya also has one of the largest numbers (1.2 million) of AIDS orphans in Africa (“A Fresh Wind Blows in Africa,” 2003).

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The professionals such as nurses and doctors that Kenya needs the most are the ones migrating out of the country in substantial numbers. The *Daily Nation* (Kenya), reports that an estimated 100 members of the University of Nairobi fraternity die of AIDS each year, including teaching and non-teaching staff, and that 15% of the estimated 100,000 college students in Kenya and foreign colleges and universities could die before starting their jobs unless sexual trends are reversed (Siringi, 2000).

Arthur Okwemba points out in the *Daily Nation* (Kenya) on June 2, 2003, that: “Evidence that some 400 local nurses are preparing to move to the US this year alone has caused concerns in the Ministry of Health.” Okwemba quoted Prof Onesmo Ole-MoiYoi, chairman of the Institute of Molecular and Cell Biology in Africa, as saying: “Out of the 15 scientists I have supervised for doctorate degrees, only one, now working with Kenya Medical Research Institute, remains in the country. The rest have moved to Europe or America …” As of 2005, Kenya is short of 48,000 nurses, and nurses there provide 80% of the healthcare (Remington, 2005: A-3).

Lack of adequate salaries is a big reason for the flight of Kenyan health workers. Nurses and matrons from Kenya who migrate to the U.S. are reported to earn nearly 10 times their salaries at home (Okwemba, 2003). In East Africa, for example, nurses are paid from $200 to $500 a month. “I was contacted by a western placement agency and offered $1,000 for every nurse I could deliver”, Leatita King, associate dean of nursing at Nairobi’s Aga Khan University Hospital, is quoted as saying (Remington, 2005: A-3).

Siringi (2001) notes that most doctors in Kenya earn less than $256 a month. “The Kenya Medical Association (KMA) has said that only 600 doctors work in public hospitals out of more than 5000 registered doctors in the country. The rest either work abroad or in the private sector” (p.307). According to the Ministry of Health in Kenya, only 10% of the 6,000 physicians trained every year in public hospitals remain in the country (Remington, 2005: A-3). Amoako claims that, “Economic output in Kenya will fall by 14.5 per cent in the 1995-2005 period…. AIDS treatment costs may account for more than half [of total government health spending] in Kenya …” by 2005 (2000, September 21). The examples above show that Kenya is in danger of losing a substantial number of its educated citizens if it does not act vigorously to reduce the cases of the HIV/AIDS epidemic.
Some Suggestions as to how Kenya and the U.S. can Manage Kenya’s Dual Brain Drain

The special friendship between Kenya and the U.S is close enough that both nations need to unite in managing Kenya’s brain drain. That problem is a national security issue for the U.S. just as it is for Kenya. The people of the United States have played a significant role in helping to educate Kenyans and they have also contributed significantly to the respected international stature or prestige that Kenya currently has among the nations of the world. Therefore, an investment to help manage Kenya’s dual brain drain helps both the U.S. and Kenya. It is true that the U.S. since 2003 has been providing at least $2 billion annually to help fight HIV/AIDS in Africa and elsewhere, and Kenya is a recipient of some of that funding. However, Kenya’s HIV/AIDS epidemic is such a special case that it requires a joint U.S.-Kenya initiative to deal with it. Let us examine some suggestions as to how to manage Kenya’s dual brain drain.

One way for Kenya and the U.S. to jointly manage Kenya’s dual brain drain is to first establish a “Dual Brain Drain Project”. The project must include a template for raising funds, establishing a major HIV/AIDS research center in Kenya, and how to get educated Kenyans in the U.S. with expertise in HIV/AIDS and healthcare to spend significant time in Kenya working on certain programs, but their jobs in the U.S. must be protected while they are away.

Another way of helping Kenya manage its dual brain drain is for the U.S. government to transfer a portion of each Kenyan professional’s tax dollars to be utilized for the improvement of schools, roads or hospitals in Kenya. Such a policy should also be open to U.S. citizens who are tax payers to sign a form that would indicate their intention for a portion of their tax dollars to be transferred to Kenya and the money be used for infrastructure building. Another suggestion is to provide a job for any Kenyan immigrant in the U.S. and provide immigration amnesty to all Kenyans who have gone out of status because their visas expired and are now living as illegal immigrants in the country. Finally, the people of the United States should support the idea of the 1960s type Peace Corps, specially established to send young and old Americans alike to Kenya to help in different capacities.
Conclusion

This paper has briefly demonstrates that Kenya and the United States have developed a special friendship, presents several examples to support that claim, outlines a statistical summary showing Kenya’s migration and terminal brain drain, and finally suggest how the people of the United States and Kenya could unite and attempt to manage Kenya’s dual brain drain; an idea that could benefit both countries because they have invested a lot of resources, which have contributed to the wellbeing of Kenya among the African nations, where relatively high proportion of its citizens are formally educated.

References


