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My COVID-19 dream: training enough health workers

The past year has been a nightmare. As a health workforce expert, I felt that my concerns regarding the need to provide health workers with adequate personal protective equipment were dismissed while the US Occupational Safety and Health Administration and the Joint Commission (the US hospital accreditor), the very organizations that should have protected health workers, were silent and over 2900 health workers died and 8% of US physicians closed down their offices.¹ I saw my fellow health workers suffering from overwork, fatigue, burnout, and psychological stress.

Nevertheless, COVID-19 has also inspired dreams. I now believe that the COVID-19 tragedy will be the impetus for finally investing in training enough health workers. Health workers themselves will lead the effort, in memory of their fallen comrades, and will be inspired to train those who will work alongside them. Since the 1950s, there have been multiple global, national, and local calls to meet the triple need of access to health care, access to good jobs, and empowerment of women and minorities, all of which comes with investing in training more people to be health workers. However, since the 1950s, the shortage and maldistribution of global health workers have only worsened.² 1540 (49%) of 3143 US counties do not have a single obstetrician, forcing women to travel for hours to receive care for their pregnancies and other reproductive health needs.³ Africa has 24% of the global burden of disease, but only 3% of the global supply of health workers.⁴

We are told that there is no money to expand existing health professional schools or to establish new ones, but there are enough health workers who have lived the COVID-19 experience to

lead the efforts to train more health workers. My home state of Virginia has an estimated 388 000 active health workers, one for every 22 Virginia residents. If each health-care worker in Virginia gave \$100 a year for the training of new health workers, we would have almost \$39 million a year in the state to invest in training more health workers. If each of the 22 000 physicians in Virginia gave an extra \$1000, we would have an additional \$22 million per year to invest in training new health workers.

Every health worker has graduated from a health professional school. Call your school today and ask what they need to expand. Do they need instructors? Offer to teach and recruit several more colleagues to teach. Do they need access to clinical sites for clinical practice? Offer access to your health facility and precept students. Recruit other colleagues to do the same. Access to clinical sites is such a problem nowadays that many schools pay to access clinic sites.⁵ Do these schools feel that they need a stronger curriculum before they can expand? Introduce them to NextGenU.org and other organisations that are working to put free, high-quality curricula online for health professional schools. Encourage your health facility to pay for the education of students in exchange for them working for the facility for a few years. The money saved in recruitment fees and onboarding would more than make up for the money spent on scholarships.

We can also reduce the cost of expanding existing health professional schools and of establishing new ones by creating public goods that all schools can use. Currently, any group wanting to start a health sciences school must spend hundreds of thousands of US dollars creating business plans and designing plans from scratch. But imagine if these tools were already available to them, shared by recently opened and expanded schools. Nursing schools currently struggle to find nurses

equipped with a masters to teach, but imagine if there were a list of all qualified nurses interested in teaching remotely or permanently, or in travel-teaching. These public goods would be freely available to all schools, and would reduce their operational costs and speed their implementation.

Additionally, reach out to your state and local legislators. Health workers are the largest occupational group in most US states and the fastest growing occupational group in most countries. We have the capacity to fix the problem ourselves. We live in every political jurisdiction. Although elected officials have been able to ignore the expert reports and individual requests, they will not be able to ignore thousands of health workers reaching out to them, requesting that they increase funding to train more health workers. Together we can solve the shortage and maldistribution of health workers and train the next generation of them.

We all know that there will be another pandemic and we must have a larger, stronger team.

KT is an employee of Corvus Health, a social enterprise with the goal of ensuring that all people have access to qualified, motivated health workers. All views are author's own and do not necessarily reflect those of Corvus Health.

Kate Tulenko

ktulenko@corvushealth.com

Corvus Health, Alexandria, VA 22307, USA

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