

CASE STUDY 10



If their interests lie in serving their communities and they are motivated to live in India, they should be courageous to face the differences in life situations and working systems here and be patient in achieving their goals.

- Dr Agnes Mitra

DR AGNES MITRA is a Public Health professional in Bangalore, India. A dentist by training, she graduated from dental school in 1999 in Bangalore and went on to complete her Master of Public Health degree in 2002 in Boston, USA. For the past 10 years, has been working in a Bangalore-based health resource centre and continues to travel abroad for professional assignments. On her return to India in 2004, she started work as a public health professional. Dr Mitra was then a British passport holder but currently has dual citizenship of the UK and India.

A true global citizen, Dr Mitra grew up in the United Kingdom and other European countries as her father's position as a noted Gynaecologist and Obstetrician had sent the family to various posts outside India. After her father passed away, Dr Mitra's support system included her mother, brother, and friends. She currently lives in Bangalore with her husband.

PRE-MIGRATION

When Dr Mitra completed dental school in India, her aim was to work and gain more experience in the field. Despite the magnitude of dental problems prevalent in India, she observed that the work available was limited. There were few jobs in India at that time, and fellow graduates generally assisted other dentists in their clinics or started practicing independently. However, setting up a private clinic required large capital costs.

Another option for her was to apply to a post graduate program. But the scenario for higher studies, in India, during that time, did not instil optimism. Acceptance into these programs was extremely competitive in India. There were approximately 5000 students vying for a single post graduate seat. Additional hurdles such as reservation and quota for seats, or considerable finances required for the paid seats in some programs, put applicants like her in a disadvantage. In order to make it professionally as a dentist, Dr Mitra felt she must "fight for survival" in the system. Weighing her options, she decided the best choice would be to take a position outside India where she could gain more experience while earning a good salary.

In India, she found little information available about the documentation process required to work abroad. However, Dr Mitra saw that jobs for dentists in the UK were advertised online so she applied directly to hospitals for the advertised posts. Since the UK is

closer to India than the US, and she had many family friends living in England, her family did not object to her moving there. After completing all the formalities in 2000, Dr Mitra left for the UK to practice dental science in 2001.

MIGRATION

Since Dr Mitra had been born in the UK and had lived there throughout her childhood, she was familiar with the country and its culture, and it was not daunting to return there for work. While jobs in dentistry were competitive in the UK, life for a dentist there was quite easy. There was a registration process to be completed for a practicing dentist and the process was fairly straightforward. Her position was located in a “state of the art” hospital under the UK’s National Health System (NHS), in Bath, England. The hospital had a beautifully structured, formal orientation where she was introduced to the dental wing as well as the rest of the hospital, and she felt welcomed.

Dr Mitra found the work environment a positive one that accepted innovative ideas and contributions. She found her education in India had taught her well and she was able to hold her own with colleagues who had 30-40 years of experience. Her colleagues were supportive and not at all condescending due to her lack of experience. With her patients, Dr Mitra was an exponent of allowing the body to heal itself and avoiding aggressive treatments if possible. Her colleagues paid attention to her points on habit forming diseases which lead to mal-alignment of teeth and using behavioural therapy to break the habit forming conditions. She felt professionally satisfied, enjoyed participating in debates, and learning from others. Academically, she was able to pursue her interest in research, publish papers, and enjoy opportunities for further study. She felt she was treated as a professional like any other, not differentiated based on her nationality.

The city of Bath is centrally located in England and she found it pleasant to live there. Her position provided her with a comfortable living. She had little expenses and the hospital covered her housing, phone, a car (if needed), and food was available in the cafeteria. She received support from family friends and did not face any security issues living in the UK as a single woman.

Dr Mitra could list the positives of this experience without hesitation. She received an extremely good income, gained rich professional experience, and enjoyed a good social status. She was proud to say that she achieved these accomplishments through her own personal effort and work performance and not based on being “someone’s daughter”. Dr Mitra felt that in India, professional status could be easily acquired by simply belonging to a particular community, or bearing links with established professionals and having high family connections. In the UK, she was also able to enjoy a lot of free time, where she could take part in cultural activities, pursue her hobbies, and write. In India, she would have been obligated to work long hours in a clinic.

The few negatives she recounted included the loss of time with her family and not being able to fulfil her interest in serving her community. She also faced some social challenges while in the UK. Since most of her colleagues were very senior, there was not much social life to be had at work. She also found it easier to interact with her English friends rather than her friends of Indian origin who she felt were ‘confused about India’. She felt a lack of good intellectual company. Another challenge was that as an unmarried, successful young woman, many local Indian families tried to arrange a marriage with their sons. This component, she felt, was “frivolous and not very pleasant,” but she was able to manage the situation.

Dr Mitra had a rewarding one and a half years working in the UK. Her acumen was observed by her supervisor over some time, and she had begun to receive clinical cases with higher level of difficulty. Towards the end of her tenure at the Bath hospital, she began considering her major career move as she was interested in pursuing a Master of Public Health degree. Moreover, she had been dealing with difficult cases where supervision of her seniors was needed but not always available, including serious trauma cases. Even though the hospital was a very good one, she realizes now that it was probably understaffed. This extremely tough work with trauma cases had left her “burnt out.” With no colleagues in her age group to mingle with in the hospital, she had started missing her social life. Though she was comfortable living there and was financially secure, she knew she did not want to settle down abroad.

Dr Mitra followed her desire to study Public Health in the United States of America and went to a University in Boston for her Master’s in Public Health (MPH). She was farsighted enough to take up this subject when it was not so common in India, but she was hopeful it would lead to a good job when she returned. She liked the American teaching style she experienced in Boston as well as

the semester arrangement of studies. After completing her studies, she worked in the United States of America for another one and half years and earned enough salary to pay off much of her student loans.

While she was in the United States of America, she started planning for her return to India and her family. Her mother and brother were living in Bangalore, but her brother had completed school and had decided to join medical studies abroad. Dr Mitra felt it was now her time to be in Bangalore with her mother.

Having lived in seven countries while growing up, she was aware that a lot of paperwork was required when returning to India. She spent two years preparing for her return. She hoped to find a job before coming back but positions in Public Health were not commonly in the public domain yet, and “you would not know where to look unless you knew what you were looking for”. She reached out to different people in the field, including her college alumni, signed into online forums for jobs, and searched the ‘Devnet’ website for jobs. She was not aware of any services to help professionals returning to the country, so had to go through the process on her own. In spite of these obstacles, she was able to complete preliminary rounds of interviews with some prospective employers in India while still in the United States of America. She had scheduled the next round of interviews before she returned to India at the end of 2004.

Prior to leaving for United States of America, Dr Mitra set up a Non Government Organization (NGO), which delivered oral health care services for the poor. She closed it after four years of successful operations as it was difficult to manage the organization long distance.

RETURNING BACK

Back in India, she observed that the working system was vastly different and “strange”. Documentation was required of foreign migrants and she was required to register at the Foreigner’s Registration Office (FRO). Dr Mitra could obtain the requisite form online but the process was tedious and many attempts to register were unsuccessful. She had to visit the office several times before making any progress. Finally, she requested a local person to accompany her to the FRO and that helped her complete the registration process. The initial period after returning to India was a difficult one and she felt discouraged. She does not think that the complex processes for migrating back to India have changed since then.

Dr Mitra came prepared for the interview process in India with salary requirements according to the current trends and was happy with the amount she was offered in her public health position. She found the work atmosphere in Bangalore was quite serious, which was different from the UK and the United States of America where the workplace was “very sunny and chatty”. Her colleagues here were formal at all times; however, she feels this situation has changed considerably now. She was very satisfied by the work in her new position and she enjoyed the non-hierarchical atmosphere of the organization. The major challenge she faced working in India was when she would go to health facilities and government offices and was faced with the prevalent culture that was biased to her gender and age. She felt she was not respected as a young woman and she often had to request male colleagues to accompany her for meetings in order to be taken seriously. It took her some time to “figure out how to tackle the system and get things done without being hassled”. She feels she has now learned the best ways to deal with such situations.

Back in India, Dr Mitra missed the efficient public transport of the UK and the discipline and amenities she enjoyed there. Some systems took some time to manoeuvre but she learned to deal with them. She found it difficult to drive in Bangalore’s unruly traffic and she had to go through the process of procuring a gas connection and other domestic necessities, but such things were manageable with the help and support of family and friends. She soon settled down in Bangalore, as the city had “caught up” and modernized since she had last lived there. There were other benefits to living and working in India; for example, she was able to hire domestic help, which had not been possible in the UK. Her social circle was surprised she had left the United Kingdom and the United States of America to come back to India, and she received many questions about why she had shifted to a non-clinical profession.

She feels satisfied that she was able to return to India and fulfil her desire to work for the community she lived in and achieve professional success. Most importantly, she is happy to be close to loved ones.

LOOKING BACK...

Dr Mitra believes that the process of migration requires research and preparation. Any person contemplating return should be clear on her/his objectives for returning –“what will you gain and how you would move to gain that”. She advises that professionals could follow her method and network with people before returning to India to find satisfying jobs. Once back in India, they should be prepared for some complications and seek the help of locals to help to deal with the systems and the re-integration process.

In Dr Mitra’s opinion, if Indian authorities were to improve the systems for re-integration for return migrant workers and provide more information about registration, housing, job opportunities, etc, then, many more professionals would be attracted to return back. Authorities should make the portals for information on migration more user-friendly and appoint agencies or agents to help in arranging for houses and other amenities. Support groups and forums should be promoted to connect people in similar professions in India and abroad, so that assistance can be found in planning to go abroad and returning to India. The Indian embassy could establish links with professional groups and Non Resident Indians (NRI) groups. The government should also lay down clear guidelines for professional registration and the process that is required, including the time period for re- registration etc. Such guidance should be clearly documented and readily available at the embassy as brochures and hand outs.

Information about public and private sector jobs should be publicly advertised as well. Dr Mitra feels that improved facilities in the health sector, promotion of medical tourism, bolstering of the research system, and motivating professionals by offering better salaries would bring back many of India’s professionals.

If given a chance, she is not averse to working abroad again. She knows several other professionals who had to go through the complicated reintegration system like she did, and had decided to return abroad.

CONCLUDING

Dr Mitra would like to advise professionals working abroad to return to India if they have a family here and if they have some prospect for pursuing a successful career. However, they should be wary if their objective is only to make money as India is a place where “you can get rich but not very rich”. If their interests lie in serving their communities and they are motivated to live in India, they should be courageous to face the differences in life situations and working systems here and be patient in achieving their goals.

