

# **LIFE OF JOSE AVILLANEDA MAY DEPEND ON THE STATE IMMIGRANT HAS FAILING KIDNEYS AND NO HEALTH INSURANCE.**

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## **Body**

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When **Jose Avillaneda** slipped across the border nine years ago, he had little more on his mind than steady work and sending money back to his parents, six sisters and two brothers in Mexico.

Now, with his **kidneys failing**, the fate of the soft-spoken 29-year-old father **may** rest in the hands of the Pennsylvania Department of Public Welfare.

**Avillaneda** is praying that the **state** will pay to continue his treatment. A decision **may** come as early as today.

An undocumented **immigrant** with **no health insurance**, **Avillaneda** said he is willing to risk deportation because he knows he will die without continuing treatment, leaving his wife to care for four young sons.

"He's been told [by Chester County] to go to Mexico to get treatment. But I can tell you, I'm from Mexico. He won't get treatment there, either," said Sergio Carmona, a caseworker at Project Salud, a **health** care and advocacy organization in Kennett Square.

**Avillaneda**'s troubles began Christmas Eve, when he was rushed to the emergency room at Southern Chester County Medical Center.

Doctors told him he was too ill to return to the mushroom fields where he had worked steadily since he arrived.

He needed dialysis and would eventually need a **kidney** transplant. He was referred to Clinical Renal Associates of Exton, where he received dialysis three hours a day, three days a week, until Feb. 12, when he was told the group **no** longer could treat him without reimbursement.

The group's business manager, Kevin McCullough, would not comment, citing doctor-patient privilege.

**Avillaneda** has since been getting treatment at Girard Medical Center in Philadelphia.

A representative for North Philadelphia **Health** Systems, which owns Girard and St. Joseph's, declined to speculate on **Avillaneda**'s treatment should the appeal be denied.

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In a statement released yesterday, Joyce Criss, vice president for patient services at St. Joseph's, said: "Because we are a community hospital, we give care to anyone who needs care, regardless of their ability to pay."

Under federal regulations enacted in 1996, undocumented immigrants can receive emergency medical care for injuries or childbirth assistance through Medicaid. But treatment related to organ transplants, such as dialysis, is not included.

Annette Silva, a nurse at Project Salud, said she did not see the reason for a distinction between transplants and emergencies.

"In his case, it's so clear," she said. "He has renal [kidney] failure, and without dialysis, it's only a matter of time before he expires due to toxicity. How is that not an emergency?"

Through Project Salud, Avillaneda applied to the Chester County Assistance Office for help with medical care in early February, but it was denied. County officials referred questions to the state Welfare Department.

Welfare Department spokeswoman Stephanie Suran said the department would not comment on a particular case. But she said that in matters relating to the health care of immigrants, the state and county generally deferred to federal regulations.

Doreena Wong, a lawyer with the National Health Law Program, which specializes in poverty-related issues, noted that states can provide as much health care coverage as they want. The federal guidelines are only a minimum, she said.

"They could fund it on their own," she said. "It's not like they're prohibited."

Several states, she said, including California, will cover treatments such as dialysis when the person's life is at risk.

"I think at that time in 1996 [when the limits were imposed]," Wong said, "there was an anti-immigrant sentiment that immigrants were coming here just for benefits, health care, cash assistance, and driving up taxes. So, they [Congress] discouraged them."

According to Jeff Passel, a demographer at the Urban Institute, a nonprofit policy research group in Washington, it is nearly impossible to calculate the cost of services that immigrants, documented and undocumented, use. In 1995, however, Passel studied the immigrant population of New York state.

"What we found is that as a group, there are a lot of taxes being paid by immigrants. Undocumented immigrants are clearly paying property taxes, sales taxes, by nature of their existence," he said, because landlords typically pass their property taxes on to their tenants. "And income tax and Social Security tax, generally the biggest taxes - the evidence seems to be that most end up paying that as well."

But, he added, "do the taxes paid by immigrants pay for the health care that is required? Probably not."

Statistics for Pennsylvania were not available on the number or nature of appeals of county decisions made to the department since 1996, Suran said.

But last year, 752 undocumented immigrants filed 6,387 claims for emergency services at a cost of \$5,446,950 to the state, Suran said.

Fifty-four percent of the costs have been submitted for reimbursement from the federal government through Medicaid, she said.

According to the National Kidney Foundation, the cost of dialysis ranges from \$700 to \$800 per session, or about \$2,500 a week for Avillaneda. The average cost of a transplant is \$100,000, with about \$18,000 a year required after that for necessary medication and care.

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While the state decides what to do, Avillaneda and his supporters only can sit and wait.

"It's like waiting for the electric chair," Carmona said.

For now, Avillaneda said he is waiting for God to intervene.

When asked why he had not applied for citizenship when he came to the United States, he said that he never intended to stay for very long and that the process was too difficult. He was contemplating leaving, he said, when he met Belen.

They moved in together with her two young sons from another marriage and soon had two more. Between work in the mushroom farms and raising a family, he said, the arduous process toward citizenship took a back seat.

Peggy Harris, director of Project Salud, said she has seen the pattern for 15 years. Few people, she said, come to this country to milk the public health and welfare system.

"Our Mexican population is not looking for that lifestyle; these are hard workers. They're here because they want to support and provide a better life for their families, not to take advantage of the system," she said. "They don't know what the system is."

Since the diagnosis, Avillaneda has spent most of his time at home in the family's trailer in West Grove, watching the four children while his wife works a part-time job to augment the cash assistance they receive from the state. She is a legal resident and the children are U.S. citizens.

"They don't understand," Avillaneda said of the children, the eldest of whom is 8, "what the tubes are for. They hope I will get better. That's what I ask God, that there is hope."

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## Graphic

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PHOTO;

PHOTO

Jose Avillaneda with his wife, Belen, and children (from left) Nestor, Josue, Ricky and Cristian, in front of their home in West Grove. (BARBARA L. JOHNSTON, Inquirer Suburban Staff)

## Classification

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