

## **No kidney transplant for dying dad who is illegal immigrant**

San Jose Mercury News (California)

January 30, 2012 Monday

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**Section:** SPECIAL REPORTS; News

**Length:** 1265 words

**Byline:** By Hannah Dreier Contra Costa Times

### **Body**

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SETTING THE RECORD STRAIGHT (publ. 2/18/2012, page A2)

An article about an **illegal immigrant** seeking a **kidney transplant** did not make clear his status on the waiting list at UC San Francisco Medical Center at the time it was determined he was not eligible for a **transplant**. According to UCSF, which would not comment on the **immigrant's** case at the time the story was written, Jesus Navarro was nearing the top of the list but his operation had not been scheduled. UCSF publicly committed last week to helping Navarro get a **transplant**, blaming "a misunderstanding" for Navarro's belief that the center would not help him. The January article also misidentified Reece Fawley, executive director of transplantation for UCSF. Fawley is a man.

Without a new **kidney**, Jesus Navarro will **die**.

The Oakland man has a willing donor and private insurance to pay for the **transplant**. But he faces what may be an insurmountable hurdle in the race to save his life: He is an **illegal immigrant**.

Administrators at UC San Francisco Medical Center are refusing to **transplant** a **kidney** from Navarro's wife, saying there is **no** guarantee he will receive adequate follow-up care, given his uncertain status.

Their decision is a stark illustration of the tension between health care and immigration policies in the state and underscores the difficult role medical professionals play in trying to save the lives of undocumented residents.

Though **no** data are available, anecdotal evidence suggests clinics sometimes perform organ **transplants** on **illegal immigrants**, especially when the patients are young. In one high-profile case, UCLA Medical Center gave an undocumented woman three liver **transplants** before she turned 21.

But health administrators also reject patients because of their immigration status, though that usually happens when the patients lack insurance. Bellevue Hospital in New York attracted attention last year when it refused to **transplant** a **kidney** between brothers because they could not pay for the operation.

It is the kind of ethical gray area that hospitals hate, said University of Pennsylvania bioethics professor Arthur Caplan.

"It puts the doctors in a very awkward and torn position," he said. "You come into this trying to do good and find yourself stuck in the middle of a fight about immigration."

**Immigrant** advocates and some scholars say it is wrong for hospitals to withhold health care from the seriously ill, **no** matter their legal status.

But proponents of tougher border enforcement -- and those fighting to contain ballooning health care costs -- fear that providing such services could lure more undocumented **immigrants**.

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Navarro, 35, never thought his survival would hinge on his immigration status. He has had private insurance through Berkeley's Pacific Steel foundry for 14 years.

When his kidneys began to shut down eight years ago, he continued to work full time. Each evening, he would cleanse his blood of lethal toxins using a home dialysis machine.

But the soft-spoken metalworker has been growing sicker. Life expectancy for dialysis patients hovers around six years.

This spring, the family got a call from UCSF's transplant center: Navarro was nearing the top of the waitlist.

"We were so happy," recalled his wife, who went with him for the final work-up.

But in their final consultation before the surgery, Navarro said doctors discovered his immigration status and decided he was ineligible for a transplant.

"I started crying and crying and crying," said his wife, who asked that her name be withheld because she is also in the country illegally. She offered her own kidney -- and was a match -- but administrators again said no.

UCSF declined to comment on Navarro's case, but Executive Director of Transplantation Reece Fawley said in a statement that the clinic evaluates all patients for socioeconomic stability.

"UCSF's policy for financial clearance requires candidates to present evidence of adequate and stable insurance coverage or other financial sources necessary to sustain follow-up care long after transplant surgery," he said. "Immigration status is among many factors taken into consideration."

Navarro was caught up in an immigration audit and lost his foundry job earlier this month. His private insurance continues for now, and he is trying to extend it. But he may well end up on the state's Medi-Cal program.

That would deepen Navarro's dilemma. While Medi-Cal will cover his daily dialysis -- which now costs \$17,000 a month -- because of his illegal status, it will not pay for the immunosuppressive drugs that ward off organ rejection. The drugs cost \$20,000 annually. Medi-Cal also won't pay for organ transplants for illegal immigrants.

The hospital won't perform the transplant without a guarantee that the drugs and accompanying treatment will be paid for.

Some bioethicists say the hospital should have performed the surgery because Navarro would not be taking resources away from other patients or putting his wife at serious risk.

After all, many legal residents fail to follow their post-surgical plan.

"Why was this patient denied the opportunity to comply?" asked Santa Clara University bioethics professor Margaret McLean.

Other experts suggest that the possibility of saving a life should outweigh concerns about follow-up care.

"He has the organ -- the critical resource -- if he can get it transplanted," said University of Southern California bioethics professor Michael Shapiro. "That's a serious chance at life."

But critics say that providing any long-term care to illegal immigrants is irresponsible and discourages home countries from investing in an adequate health system.

"You just cannot provide care for illegal aliens without getting into uncompensated care," said Bob Dane of the Federation for American Immigration Reform.

Navarro says his chief concern is finding a new job, not the quest to save his life. But he also worries for his family and takes anti-anxiety pills to sleep.

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If transplant doctors working with illegal immigrants are in a bind, so are the Navarros.

"We don't know what to do," said Navarro's wife, watching her husband chase after their 3-year-old daughter. "It's like we're on a ledge -- we can't go here or there."

Contact Hannah Dreier at 510-262-2787. Follow her at [Twitter.com/hannahdreier](https://twitter.com/hannahdreier)

Increased regulation on the horizon

The nonprofit group that manages the nation's organ transplant system is considering increasing its oversight of transplants to noncitizens.

The United Network for Organ Sharing currently does not limit the percentage of organs that clinics can transplant to immigrants. That is partly because nonresidents donate more organs than they receive.

Over a 20-year period, illegal immigrants donated 2.5 percent of organs and received fewer than 1 percent, according to a 2008 study published by the American Medical Association.

The network reserves the right to audit the rare clinic that gives more than 5 percent of organs to nonresident patients. The concern is that a transplant center might start bringing in wealthy "transplant tourists" from other countries to make money.

"Regardless of our policy, it is always the decision of any transplant center," said network spokesman Joel Newman.

The organization is considering a new rule that would require clinics to provide detailed accounts of the immigrants they serve and allow the organization to review all nonresident transplants.

The goal would be to distinguish patients traveling to the United States for a transplant from those noncitizens who live in the country and thus are more likely to donate organs to U.S. citizens.

-- Hannah Dreier

## Graphic

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Jesus Navarro, an undocumented immigrant from Mexico, dons a surgical mask to prevent infection while connecting to a machine to start his daily home dialysis treatment, Monday, Jan. 9, 2012, in Oakland, Calif. (D. Ross Cameron/Staff)

## Classification

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Language: ENGLISH

Publication-Type: Newspaper

**Subject:** IMMIGRATION (91%); ILLEGAL IMMIGRANTS (90%); TRANSPLANT SURGERY (90%); BIOETHICS (89%); ORGAN DONATION (78%); HEALTH CARE PROFESSIONALS (77%); BORDER CONTROL (73%); UROGENITAL DISORDERS & INJURIES (73%); HEALTH CARE COSTS (72%); PROFESSIONAL WORKERS (72%); ETHICS (70%); EXECUTIVES (69%); TERRITORIAL & NATIONAL BORDERS (66%); PUBLIC POLICY (65%); COLLEGE & UNIVERSITY PROFESSORS (50%)

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**Industry:** HEALTH CARE (90%); HOSPITALS (89%); HEALTH CARE PROFESSIONALS (77%); ACADEMIC MEDICAL CENTERS (77%); HEALTH CARE COSTS (72%); STEEL FOUNDRIES (70%); COLLEGE & UNIVERSITY PROFESSORS (50%)

**Geographic:** SAN FRANCISCO, CA, USA (92%); OAKLAND, CA, USA (58%); NEW YORK, USA (79%)

**Load-Date:** October 5, 2012

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