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Desperately Ill Foreigners At U.S. Emergency Rooms

By RANDY KENNEDY

They look like any of the anxious patients who walk into the city's polyglot emergency rooms.

But there are telltale signs. Sometimes they arrive with luggage and with tourist visas in their pockets. Often they have crumpled notes from doctors back home in China or Africa.

One man from the Dominican Republic flew into La Guardia Airport weak with fever, asked for an ambulance and presented himself at New York Presbyterian Hospital, where he announced that he had leukemia and needed help. Along with his suitcase, he carried his own intravenous drip.

They are known as medical immigrants, poor or middle-class foreigners who scrape and save to fly to New York, but not to join family, flee oppression or find work. Instead, they come solely to seek treatment at city emergency rooms, where Federal and state law says they must be examined and treated if their problems require immediate care.

Doctors say that such patients have been gravitating to the city in modest numbers for years, mostly to the city's public hospitals. While New York appears to receive the brunt, hospitals in Chicago, Houston and Miami also report treating a steady stream of medical immigrants, mostly from poor countries.

No one is able to say exactly how many there are or how much their care costs hospitals. And in part, this is a policy decision. Many emergency departments, fearing the anti-immigrant sentiment that has restricted access to health care in California and other states, resist counting such patients or pressing them about where they came from if they do not volunteer that information.

"Should I wonder whether this is the guy from Third Avenue who doesn't have any money or the guy from the third world who doesn't have any?" asked Dr. Lewis Goldfrank, emergency services director at Bellevue Hospital Center in Manhattan. "That's not my job," he said. "I'm a doctor."

But especially in New York, those who keep an eye on city hospitals' precarious finances say that if something does not change, the hospitals will not be able to keep their emergency room doors open to the world.

Medical immigrants are a tiny but striking example of a larger and growing problem of uninsured or underinsured patients — both citizens and immigrants, legal and illegal — who rely on emergency rooms as clinics for everything from colds to cancer.

According to the New York State Health Department, city

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Many Patients Lie About Visit's Purpose

Bellevue estimates that it may see a few dozen patients a year who doctors or social workers determine have traveled to the country just for medical care. But hospital officials believe there are probably dozens more patients who lie, thinking they are more likely to receive treatment if they claim they came to the city for a vacation or to find work and then fell ill. Elmhurst officials say they may see a few patients a month who they know to be medical immigrants.

"They are the patients all the doctors talk about," said Dr. Kessler, who said he is always struck by those who bring doctors' notes or medical charts. "This is not a letter from a doctor down the street. It's from another part of the world."

In New York City, the number of these patients appears to have risen only slightly over the years, probably because of obvious barriers, doctors say. First, the patients must be able to get a tourist or temporary visa in their countries and come up with the money for the airline ticket. They must also have a certain level of sophistication to know that they will indeed be treated once they show up. Sometimes this knowledge comes from friends or relatives who live in New York and take them to the hospital after they arrive.

In other cases, underequipped hospitals in third world countries actually urge seriously ill patients, like the West African with kidney failure, to go to New York as a last resort.

The man from the Dominican Republic who showed up at New York Presbyterian was lucky. He got a bone marrow transplant, said a former doctor at the hospital. But sometimes, Dr. Goldfrank says, the patients arrive too late. A few years ago, a man in Mexico City who knew he had serious heart problems began having chest pains and got on a plane. He landed, took a cab to Bellevue and walked into the emergency room in shock. He died several days later.

New York doctors say they have seen no patterns of immigrants from specific countries or regions, but for the last several years they have noticed several South Americans with AIDS, West Africans with kidney failure and Chinese with cancer.

Sometimes they arrive straight from the airport, with no contacts in New York other than the doctors and nurses who help them. More commonly, friends or relatives in the city familiar with a certain hospital take the patient to the emergency room within a few days of his arrival.

Some of the immigrant traffic may be an unintended side effect of occasional good-will missions by public and private hospitals, which bring in foreign patients from impoverished or war-torn countries in need of complicated surgeries or treatments. These patients get special medical visas, they usually have the support of a charity, and the cases generate a huge amount of publicity for the hospitals. It is publicity sometimes seen around the world as an invitation to free care at New York's emergency rooms.

"There's apparently good word of mouth about us in Mongolia, which is nice to know," said Pam McDonnell, the director of communications at Bellevue.

A Complaint of Patients Sent to Public Hospitals

The city's public hospitals complain that when medical immigrants, especially those with serious illnesses, show up on the doorsteps of private hospitals, they may be stabilized and then shipped over to a public hospital for the costly surgery or long stay.

Francesco Santoni-Rugiu, an Italian cardiologist who is leaving Mount Sinai Medical Center to return to practice in Italy, said doctors at private hospitals would like to keep the patients because they often have medical conditions either no longer as comm... the United States or virtually unheard of, like leprosy.

"But probably," he said, "the hospital isn't going to be in favor of admitting these people."

They often end up at Bellevue.

Last year, the social work staff there took a statistical snapshot of the admitted patient population on one day, Dec. 3. The report was mostly to determine the size of the homeless population, but it found something that surprised administrators. Of the 701 patients, 166 were not United States citizens and 70 were ineligible for government entitlements, meaning that they were probably illegal immigrants.

No one can say how many of the 70 had entered the United States specifically for medical help, but Patricia Blau, deputy director of the Social Work Department, estimated that it was probably over half.

"I think some of the medical staff were surprised with the numbers we found," she said. "But we weren't. The word is on the streets, so to speak, that if you come in these doors, you will not be turned away."

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