International Patient Dumping
Private Hospital “Deportations” of Uninsured Immigrants

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Overview

- The cases
- NYS workgroup on medical deportations
- What role for law?
- How to message?
The cases
Luis Jimenez - Florida

Originally from Guatemala; undocumented; uninsured; hit by drunk driver & hospitalized

Hospital incurs $1.5M in costs; unable to find rehab center willing to take uninsured patient; also unwilling to pay costs

Hospital decides to send patient back to Guatemala above objections of guardian; litigation ensues

Now: in Guatemala, receiving virtually no health care; jury found hospital did not behave unreasonably; attorneys filed for new trial
Kong Fu Yu - New York

Originally from China; undocumented; uninsured; elderly; suffered stroke & hospitalized

Hospital unable to find facility to accept patient; decide to send him back to China above guardian’s objections

Hospital files motion to have court proceedings closed to media, to have guardian removed

Now: hospital looking into obtaining PRUCOL status for patient, in hope of getting benefits
Goal: Understand problem, develop solution

“We really need a definitive answer on how to proceed in cases like these.”

- William Phillips, jury foreman, Jimenez case
Approach

Multi-sector; national, state & local partners; some providers included; NYIC, NYAM & NYLPI coordinate

Sub-committees: Legal, policy, messaging/communications, data collection, services/appropriate care

Structured interviews with social workers, advocates and other service providers

Legal research & creation of rapid response team
Initial Findings

Social workers reporting 4-5 cases per year in which patient threatened with forced repatriation

Hospitals lack understanding of inter-relationship between immigration law & benefits eligibility; patients lack knowledge about discharge rights; language barriers impact discharge

Resources are wholly inadequate for hospitals and patients

Lack of knowledge among providers & advocates about the resources that do exist
Role for law?
Rapid Response Team

Multi-sector (attorneys, social workers/providers)

Connect patient, advocate & hospital to available resources, if possible

Provide limited, emergency legal representation - e.g. discharge appeals, TROs

Catalog cases, introduce some accountability into system for hospitals
Impact Litigation?

- Anti-patient dumping laws
- Discharge planning laws
- Preemption
- Tort law
Possibilities

Engage financial arguments?

Ethical/human rights framework?

More than just about undocumented immigrants

Draw links to “traditional” patient dumping, build alliances
Thank You!

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