

As U.S. Patients Await Organ Transplants, Potential Donors Struggle for Visas

By JACQUELINE BAYLON

The clock is ticking for Dr. Gabriel Danovitch's patient. Dr. Danovitch, a transplant surgeon at the David Geffen School of Medicine at the University of California, Los Angeles, is treating an immigrant from Mexico in his 40s whose kidneys have failed. The patient is a good candidate for a transplant and has a donor, his brother.

But there is a big problem: His brother is a Mexican citizen whose application for a visa to come to the United States was not granted.

Physicians who perform transplants say patients who need organ donations from a family member or other close match outside the United States face hurdles that are often hard to surmount. Difficulties in obtaining visas leave many potential donors frustrated and force their sick relatives in the United States to wait months or even years on a list for organs like a liver or kidney.

In other cases, poor families cannot afford to pay for the donors to travel to the United States and undergo organ-removal operations that can require hospital stays of up to three weeks. In

some states, Medicaid does not cover any of a donor's expenses, and private insurance policies vary greatly in how much they will cover.

Getting organ donations is always difficult, but medical authorities say the problems have gotten worse for immigrants with the tightening of visa policies after the terrorist attacks in 2001. And with the slowdown in the economy, some states have been cutting back financial aid to transplant patients and donors.

"If there is someone living and willing and compatible, it's concerning that, because of so much protection, they end up not being able to help a desperate person in need," said Bryan Stewart, a spokesman for One Legacy, a nonprofit organization that deals with organ and tissue donations in the seven-county greater Los Angeles area.

Dr. Giselle Guerra, medical director of the Living Kidney Donor Program at the University of Miami Miller School of Medicine, has similar concerns. "I wish I could get rid of all the bureaucratic red tape, and it would be nice for every donor to fit the criteria so we can stop adding to the waiting list," she said.

More than 110,000 people were

waiting for an organ as of Wednesday, according to the United Network for Organ Sharing, a private nonprofit organization that manages the nation's organ transplant system under contract with the federal government.

Over 60,000 of those on the list are black, Hispanic, Asian, American Indian, Pacific Islander or describe themselves as multi-racial, according to the organ sharing network. Of those, 6,229 are resident aliens in the United States, compared with close to 1,900 resident aliens in 2000. Illegal immigrants are prohibited from the list.

"When patients need a transplant, most of the time, the first people they turn to is their families," said Dr. Juan Carlos Caicedo, a transplant surgeon and director of the Hispanic Transplant Program at Northwestern Memorial Hospital in Chicago. "It becomes complicated when their families are not in the U.S., which in a lot of instances, that is the case."

The State Department does not have a medical visa category, and people traveling to the United States have to qualify for the B-1/B-2 visa, more commonly known as the tourist visa.

"Our embassies and consulates around the world do their best to assist visa applicants who are dealing with life or death situations in order to expedite their cases," a department official wrote in an e-mail.

An individual applying for a visa for a medical reason can fill out a form requesting that the application be expedited.

Seeing hurdles for ailing immigrants since the '01 attacks.

But some doctors say that they have contacted State Department officials on behalf of patients and even that has not sped up the process.

"When I call the consulates or embassies, they're not very cooperative," Dr. Guerra said. "We try to be as concise as possible, but also explaining the urgency in the letters that we write, but it just continues to be a waiting game."

Dr. Linda Chen, a transplant surgeon at the Miller School of Medicine, said that for about the

last five years, the State Department has required foreign donor candidates to get preliminary testing done in their home country.

Blood-collection tubes are mailed to the candidates, and the filled tubes are mailed back for testing. If the donor has the same blood type, there is a possibility that he or she could be a match with the patient, and the State Department will take that into consideration, Dr. Chen said.

"But even with blood work," Dr. Chen said, "they don't give people visas sometimes."

Dr. Chen said she writes letters on a monthly basis. But she cannot do that for patients whose donor relatives are in Cuba.

"Since the U.S. does not have a relationship with Cuba, we cannot help them by writing a letter or sending tests over," Dr. Chen said.

If patients cannot get a donor into the United States, their names go on the organ network's list to receive an organ from someone who has died. Waiting times for patients vary, and among the factors is a person's state of residence. Patients in New York, for example, wait an average of seven to nine years,

while people in Florida wait three to five years.

The No. 1 transplanted organ is the kidney. When one is needed but not readily available, patients must go through dialysis. Medicare spent \$9.2 billion in 2009 on dialysis patients, according to an annual Medicare Payment Advisory Commission report due to Congress in March. Martha Escamilla-Arias, a social worker at Northwestern Memorial Hospital, said that in most cases dialysis cost the State of Illinois more than a kidney transplant in the long run.

"In Illinois, two and a half years of dialysis pays for one kidney transplant," Ms. Escamilla-Arias said. "Some people are in dialysis for five to seven years, and if things were easier for foreign donors, it would help."

Jean Viera, 34, a Cuban immigrant on the organ network's list, has been going through dialysis for six years.

His left arm is disfigured with two purplish raised scars where he is connected to a dialysis machine.

"I wish I did not have to go through this," Mr. Viera said. "This is just not the best way to live."