PERSPECTIVE HOLES IN THE SAFETY NET

health care system. Only by offering legal immigrants the same coverage as citizens can we ensure their health security and establish a more rational health care system.

Disclosure forms provided by the author are available with the full text of this article at NEJM.org.

From Northeastern University School of Law, Boston.

This article was published on July 24, 2013, at NEJM.org.

- 1. Sontag D. Deported in a coma, saved back in U.S. New York Times. November 8, 2008:A1.
- 2. Passel JS, Cohn D. A portrait of unauthorized immigrants in the United States. Washington, DC: Pew Hispanic Center, April 14, 2009 (http://pewhispanic.org/files/reports/107.pdf).
- **3.** Goldman DP, Smith JP, Sood N. Legal status and health insurance among immigrants. Health Aff (Millwood) 2005;24:1640-53.
- **4.** Stimpson JP, Wilson FA, Su D. Unauthorized immigrants spend less than other immigrants and US natives on health care. Health Aff (Millwood) 2013 June 12 (Epub ahead of print).
- **5.** Pereira KM, Crosnoe R, Fortuny K, et al. ASPE (Assistant Secretary for Planning and Evaluation) research brief: Barriers to immigrants' access to Health and Human Services programs (May 2012) (http://aspe.hhs.gov/hsp/11/ImmigrantAccess/Barriers/rb.shtml#within).

DOI: 10.1056/NEJMp1306637
Copyright © 2013 Massachusetts Medical Society.

In the Shadows

Hugo Scornik, M.D.

Jopen the door to find Carlitos galloping around the exam room. His parents, both of whom I've known for years, are seated in the corner. Carlitos's mom gives me a soft smile. I sit down on my stool, put the chart on my lap, and begin.

"What's wrong with Carlos today?" I ask in Spanish.

"Well, nothing, really," says his mom, her gaze falling to the floor.

"Um, OK," I respond. I'm perplexed, since I am a pediatrician and Carlos is the only child in the room. "Then why are you here today?"

"It's his father. He's sick. The doctors at the hospital say he's dying." I glance at the thin, frail man beside her, estimating that he's in his late 40s. "They say his liver is no good. My friends say that we should go back to Mexico for help, but we wanted to ask you."

"Is it hepatitis? Cancer?" I ask.
"Who knows?" shrugs the

As a bilingual pediatrician, I have been afforded an unusual window into the lives of America's undocumented immigrant community. It is a difficult life, without any of the legal protec-

tions that most Americans take for granted. Their jobs are often under the table - with unsafe conditions and low wages, no possibility of workers' compensation or Social Security, and little tax revenue paid to the government.1 They cannot legally drive — a huge barrier to everyday life here in suburban Atlanta. And of course they are shut out of our health care system, being ineligible for help even if they're disabled (like Carlos's father). Indeed, undocumented immigrants are specifically excluded from the benefits of the Affordable Care Act.

But their American-born children are eligible for Medicaid, so they come to the pediatrician and tell me their stories. A young mother needs her gallbladder removed — what to do? Another mother was taken to jail because she was caught driving. Should they drink the brownish water that comes out of the faucet at the trailer park? Two young children are feeling depressed because their father was recently deported. Could I look at this adult's rash or joints, listen to her wheeze, look in his ears, even though I am not an adult doctor?

I leave the room and call the gastroenterologist who took care of Carlos's dad during his recent admission to our local hospital. I'm informed that he has endstage liver disease, brought about by a deadly combination of hepatitis C and years of heavy alcohol use. Palliative care, including treatment of his esophageal varices, will be difficult or impossible without health insurance. I go back into the room and explain the situation to the parents as best as I can. They decide that the father will return to Mexico, where he may receive further medical care. It is unclear whether his wife and children will accompany him or whether they will separate forever.

As I leave the room again, preparing my mind for the next patient, I stare at the superbill for Carlos's visit and tear it in half. There is no CPT code for this.

Disclosure forms provided by the author are available with the full text of this article at NEJM.org.

From Conyers Pediatrics, Conyers, GA.

1. Goodwyn W. Construction booming in Texas, but many workers pay dearly. NPR.org. April 10, 2013 (http://www.npr.org/2013/04/10/176677299/construction-booming-in-texas-but-many-workers-pay-dearly).

DOI: 10.1056/NEJMp1305614 Copyright © 2013 Massachusetts Medical Society.