Lost in America

Meet several undocumented HIV positive immigrants struggling to live stateside. They're outside the fabled melting pot—and even farther outside the law.

May 1, 2007 By Sally Chew

New York City's Roosevelt Island, a two-mile sliver in the East River, offers stunning views of Midtown Manhattan. These days, the island may also be the ideal perch for watching the national debate play out over what to do with undocumented foreigners who happen to have HIV. In the 18th and 19th centuries, the island served as a river-locked quarantine. Then, the ill were housed in wooden huts by the water's edge—until the Gothic granite walls of Renwick Smallpox Hospital went up in 1856 so that the city could better care for the contagious.

The hospital now lies in mossy ruin, its ceilings cracked open to the sky. Roosevelt Island dispenses health care today just upriver at the Coler-Goldwater Specialty Hospital and Nursing Facility—where isolation and slow healing are still the theme. Coler-Goldwater specializes in long-term care, and the HIV ward on the ground floor of the hospital's southernmost building is a little-known destination for immigrants and travelers felled by severe injury or illness, quite often the unchecked aggressions of AIDS.

At Coler-Goldwater—and in similar hospitals throughout the country—these debilitating emergencies often reveal an HIV diagnosis that the patient had hoped to hide or didn't know about in the first place. Under United States law, simply having the virus makes a person ineligible to visit this country or to apply, with the same rights as HIV negative people, for permission to live here. So some have no other choice now but to pack their bags and head for the border. Others are trapped here by their illnesses—by sheer frailty or by the well-founded fears of the shoddy health care or anti-HIV discrimination they would face at home.

Last World AIDS Day, December 1, President Bush vowed to lift the ban on short-term visits by people with HIV. With Congress also facing a sprawling agenda of im-migration issues, policy changes are likely this year or next. What's not expected to ease up anytime soon is the difficulty of shouldering two such challenging statuses at one time: being HIV positive and being from somewhere else without documentation.

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The beige and pinklinoleum corridor outside Victor Cruz's room on Coler-Goldwater's unit D11 is

generally quiet except for the faint whine of electric wheelchairs. Cruz (not his real name) is a small man with a puffy grey moustache that he pats when he speaks. His room is so warm today that he's climbed on top of his sheets, revealing vivid blue hospital pajamas. His eyes dart about when he recalls the pneumonia that stalked him last year. "I couldn't breathe," he whispers.

It turns out it was AIDS that rendered Cruz reed thin and gasping for air at the New Jersey recycling plant where he was working under an assumed name. The site was cloudy with dust and open to the winter cold. When he finally landed at Lincoln Hospital in the Bronx, he learned he had pneumocystis carinii pneumonia (PCP)—and he tested positive for HIV. Once his lungs were out of the danger zone, the city shipped his spindly 47-year-old body across the river to Coler-Goldwater.

Five months later, the skin on Cruz's face is pale as hay, but the sun, which followed him continuously through 25 years of cash-only, under-the-radar grunt work, has left some spots. Cruz made his first of four trips across the border from Mexico in 1982, and he has the look of a man who fears with a certain sense of resignation that even now he won't be getting a break.

A 2005 University of California study found that the HIV rate among Mexican migrant workers (here just for seasonal work, some legally and some not) was increasing. The same can be guessed of those who stay north year-round, says Javier Soriano, who runs Mexicanos Unidos, a Bronx support group for HIV positive Mexicans. "Most of them are young men and they are alone here and, you know, they have sex," he says. "They go to see sex workers and other women or gay men."

Interviews with a range of Mexicans throughout New York City suggest that although information about HIV is reaching ever farther into that community, it's mostly finding only the educated classes. A gay engineer, for instance, thrown out of his Monterrey, Mexico, home after 17 years of marriage and fatherhood for leading a double life or a chemistry professor who first came to New York as a tourist.

Not that being more plugged in necessarily helps them find good jobs. (The engineer works the graveyard shift at a Bronx gas station now, after giving up a gig selling roasted peanuts from a street cart because of the weather. The chemistry professor paints furniture.) But at least they get tested and go on meds.

The classic story—for undocumented immigrants of most nationalities—still involves men like Cruz who first discover they are HIV positive when the disease takes a catastrophic turn. "I saw many Mexicans coming into the ER," recalls Soriano of the hospital encounters that first prompted him to start his group. "They were dying and they didn't know what they had. They didn't know anything about HIV."

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Of course, you can know a lot about HIV and still be unprepared for the virus's full kick. Edith Mahongo (not her real name) is from Zambia, where one in six people are HIV positive. The mother of three has been living underground in the Bronx ever since she fell sick on the first days of her U.S. vacation more than three years back.

It was November 2003, her kids were grown and she was fulfilling a dream. Mahongo had spent her adult life doing office work in the Zambezi area. "Before I retire, I thought, let me go see New York, come back and then go into university full-time." Under a tourist visa she secured before flying out of Lusaka, the capital, she would be able to come and go as much as she liked for three years.

Her vacation got off to a rocky start. A bad case of jet lag—at least that's what she thought it was—put her in bed right away. "I arrived on a Saturday, and Sunday and Monday I had a fever. It got so bad I went to the hospital and that was it for me." It came as a rude surprise when Harlem Hospital diagnosed her with both HIV and tuberculosis (the No. 1 AIDS-related opportunistic infection in the world). But the point now was to get well, which she did over the course of several months in the care of friends and a good doctor.

Getting home to Zambia was next—Mahongo couldn't wait to see her teenage kids—but while looking into flights, she learned that being HIV positive had changed everything: If she left, she wouldn't ever be allowed back into the U.S. "If you say yes [you have HIV], they won't allow you to come in," she points out.
Mahongo, a shy churchgoer with a very deliberate manner, decided that putting her faith in the Zambian health care system wasn't an option. "There are no medications in my country," she states simply. "I needed to ask myself: Do I want to live or die?"

Living here, though, she has only the medical part—Medicaid covers visits to her doctor, but that's all. "Now that I'm not legal I'm not entitled to anything. I cannot get Social Security. I cannot get a work permit. I cannot do anything." Her dreams of studying social work get dimmer every day. "If I could change my [immigration] status, I would love to go to school," says Mahongo. But changing her status is impossible now that she is HIV positive.

Not seeing her children is the hardest thing of all. "Sometimes I wish I could just hug them," she says. She has missed more than three years of their lives already, and still hasn't told them why. She can't possibly mention that she has HIV, she says, at least not over the phone. Even though they are old enough now—at 17, 21 and 24—to hear news about the rest of her life in New York, Mahongo won't disclose to her children. Theirs is a Zambian view of HIV, she says. "They associate HIV with death."

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New York City has a special appeal for HIV positive undocumented immigrants and visitors, not just because there's always an hourly wage to be had and it's such a great place to hide. While a person can get Medicaid in any state without flashing immigration papers, New York is among the very few states that allow undocumented immigrants free drugs through their AIDS Drug Assistance Programs (ADAP).

Friendliness from the New York City mayor's office waxes and wanes (though there is always a supportive nod to private industry's reliance on inexpensive labor). But lately the official policy toward undocumented New Yorkers seeking health care is Don't Ask Don't Tell, affirmed last year in a speech by Health and Hospitals Corporation President Alan D. Aviles. "Immigrant New Yorkers can get quality health care in New York City with no fear," he said. "They should feel safe going to the doctor, the clinic or the emergency room. Public hospital employees will honor every patient's right to privacy and will not disclose anyone's immigration status."

The message from Washington is very different, though; Federal laws have gotten stricter, and New Yorkers are hardly exempt. Under changes made in 1996, for instance, you don't necessarily have the right to a hearing before an immigration judge if the government tries to deport you. The hearings had been lifesavers
for people with HIV, because the power of a story often lies in the
details—about conditions back home.

And while it was 16 years ago that the Centers for Disease Control first called for HIV/AIDS to be removed from the list of communicable dis-eases that can keep people out of the country (tuberculosis, which is airborne, is the only other one still on the list),

Republican legislators have used their clout in Congress to block such a change at every turn.

The 110th Congress, now in session, counts more Democrats than the 109th, but immigration issues classically defy party lines. It's too soon to guess the future of guest workers, border fences and national ID cards, never mind updating HIV policies that rarely inconvenience anyone in a position of power.

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Maurice Duhaney knew quite well that he had HIV when he came to this country in December 2002—and so did the U.S. Embassy officials who stamped his passport with a special waiver overriding the U.S. travel ban. The Jamaican government had sent him to New York for a two-week training seminar in the art of counseling people who test positive with HIV.

It was not his intention to stay behind when classes ended, but one morning in the bathroom of his midtown Manhattan hotel room, just four days after his arrival, a stroke knocked him to the floor. "I was about to take a shower and my feet gave way," he recalls. "I crawled on the ground to the phone and called a Jamaican colleague. I didn't know what was happening."

Duhaney, 34, lay motionless at Coler-Goldwater hospital for months—he was temporarily paralyzed. Eventually he was able to hobble around and later won permission to stay in this country under a special rule known as PRUCOL (Persons Residing Under Color of Law). Working that out through lawyers at a Manhattan group called the HIV Law Project was a coup: When immigration officials grant PRUCOL, they are backing off because of the applicant's poor health. But the stay may be temporary.

"I'm taking it day by day," says Duhaney, who walks with a cane now and can't use his left hand. "I'm praying to God that they don't just take me and deport me."

Why wouldn't he go home? Because Jamaican health care is "not so good," he says, and HIV treatment is expensive. Buying meds there is like "sucking salt through a wooden spoon." His family helped him cover those bills before he left, but how long could that last? And now he needs physical therapy too. "In a month or two [in Jamaica]," he predicts, "I would be dead."

Duhaney's concerns about life in Jamaica are not just medical and financial, though. After his diagnosis in 1999, he had a taste of Jamaica's attitude toward people with HIV—a frightening hostility that won international notice in 2005 when activist Steve Harvey was killed for his AIDS work. "I isolated myself because in Jamaica the stigma is so bad," Duhaney explains.

Might Duhaney get political asylum if he should lose his PRUCOL status and needs to find another way to stay in the U.S.? Shawn Wilson (not his real name), a 34-year-old HIV positive man from Guyana, a South American country on the Caribbean, is trying to do just that for himself. He's talking to a lawyer about applying for political asylum here because things are so bad for gay people back home. "I know gay people who have been sodomized by the police," he says. "I've been harassed by them many times back home. Even at gunpoint. There are a lot of unsolved mysteries back home, and I don't want to be one of them."

It may work for Wilson. Another Guyanese man won U.S. political asylum last year by presenting evidence that he had been tormented for being HIV positive and gay, in one incident by someone throwing bricks at his head. And the poor quality of treatment in a home country has successfully played into several HIV asylum cases as well.

But for Maurice Duhaney, who gave up his right to apply for asylum after his first year in the U.S., there is no option but to return home when he gets well. As for the waiver stamped on Duhaney's passport way back in December 2002 when he first made the trip to New York, that's a liability too.

"One of the things that happens if you reveal your HIV status is that it is forever in your federal record," says Jen Sinton, a staff attorney at the rights group Lambda Legal. "If you ever want to immigrate to the United States, you will be prevented from doing so."

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This bureaucracy has gotten the best of Victor Cruz. He's had enough and is going back to Mexico. Cruz tells Michelle Lopez, an advocate who's come to visit at his bedside, that as soon as he gets out of Coler-Goldwater he's returning to the small town where he grew up, three hours outside of Puebla. "I don't want to work here anymore," he says. This hospital stay, this encounter with the frailty of his once powerful body, has killed his spirit.

Lopez, who works for a group called Community Healthcare Network, is going to help Cruz get in touch with his mother—and the sister and two brothers who also spent years working and living under the table in New York City but have since returned home. He says his HIV status won't be a secret when he gets there.

What about the health care? Going to the doctor and finding medicine in rural Mexico won't be like living at Coler-Goldwater. Cruz seems to have thought it all through, though, and he is putting his faith in the mysterious math that helped his mother out back in Mexico during the years he was able to send extra money home. "The dollar stretches better there," he says. He'd rather be sick at home than have to fight so hard for such a small piece of the American dream.

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