

BEHIND THE HEALTH DEBATE

Uninsured cancer patient clears one hurdle, but soon confronts another



With surgery done, hope rises

FACING RADIATION NOW, HE'S RELYING ON COUNTY TO PAY BILLS

Last of three parts

By **BOBBY CAINA CALVAN**
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Huge bills begin arriving in the mail, a frightening déjà vu for Tony Andrade. The shoe box in his bedroom already is stacked with overdue notices from hospitals and doctors.

Andrade's cancer surgery was a success. Only part of his bladder had to be removed, and he headed home from the hospital after two nights to recover in his mother's guest room.

INSIDE

Read a synopsis of all three chapters of "Behind the health debate."

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MORE COVERAGE

As debate begins, report says health plan could cut cost for many. **Page A7**

His burdens are lighter now that surgery is behind him.

But a new statement from Kaiser Permanente dated Sept. 20 is particularly jolting. It gives Andrade two weeks to pay \$11,309.10, most of it for the June 17 visit to the Kaiser emergency room, where the cancerous

growth in his bladder was discovered. The body scans alone cost \$7,600.

Two other bills arrive at the house he shares with his father near Franklin Boulevard and 17th Avenue. These are for another visit to the emergency room, on Sept. 19 at Mercy General Hospital, for pain that turned out to come from his pancreas, unrelated to the bladder cancer. The hospital wants \$420, while the ER doctor is separately owed \$637.20.

The statements from Mercy were a surprise. Andrade, 47 and uninsured, thought the bills would go directly to Sacramento County, which had agreed to pay for his care back in July, when it deemed him medically indigent.

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Tony Andrade is tended to by radiation therapist Trudie Nino, left, after his first session of radiation therapy Monday at Radiological Associates of Sacramento. At right is radiation therapist Toni St. Jacques. Andrade is eager to get this new phase of his ordeal behind him and return to work.

PHOTOGRAPHS BY CARL COSTAS
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Insure: 'If I could pay ... I would'



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Tony Andrade reviews the tens of thousands of dollars' worth of medical bills he has racked up. He worries that he will fall further into debt because of his cancer treatment. Collection agencies are hounding him for money he does not have, though he tries to assure them that he is trying to pay. The county has said it will pay for his most recent surgery, and he prays that will happen.

FROM PAGE A1

"They told me I wouldn't be paying anything," he says, his voice soft, but strained. "The bills keep coming."

Andrade hopes these will be the last of the bills added to his collection, now that the county is covering the \$62,000-plus that Sutter General Hospital will charge for his surgery.

It would seem a cruel twist that those with the least have to pay the most for medical care. But lacking health insurance means forgoing the bargaining power of insurance companies. Andrade's bills likely are thousands of dollars higher than they would be if he were insured.

Andrade doesn't know much about the ins and outs of the current national health care policy debate, but he does realize he's the little guy in the big-money

world of medical care.

"If I could pay for any of it, I would," he says. When a bill collector calls, he assures the caller that he isn't trying to shirk his financial obligations. He asks for more time, even though he knows that all the time in the world won't allow him to pay off all those medical bills.

"I think he's afraid of all the bills, the cancer coming back and about his job. He's got a lot of stress," says his mother, Sandy Cooper.

Since summer, when Andrade took time off from work because of his cancer, he has been surviving on \$280 a week in disability checks. At the end of the month, his checks will stop arriving if he does not extend his disability leave.

By now, he'd hoped to be back on the job as a medical transport driver, but he doesn't know when he will

feel well enough to get behind the wheel of the van. He misses the camaraderie he's developed over the past two years with the folks he shuttles to and from doctors' offices, dental clinics or dialysis appointments.

Though he is steadily recovering, more visits to doctors and specialists loom in the days ahead.

As Washington, D.C., temperatures dip into the 60s in early fall, there is a chill among supporters of a national health bill.

Republicans and fiscally conservative Democrats have grown intensely focused on the high cost of revamping the health care system. Congressional leaders are paring away at various proposals, hoping to keep the tab under a trillion dollars.

A sigh of relief greets a

cost analysis by the Congressional Budget Office, which on Oct. 7 reports that a Finance Committee proposal would cost \$829 billion over 10 years – well short of the \$1 trillion benchmark.

Congressional leaders hope it will reassure a wary public that the massive overhaul would not be too expensive – but it still amounts to the biggest health care program since Medicare was established more than four decades ago.

For months, the insurance industry has been quietly organizing against the overhaul measures. The country's largest insurer, Wellpoint, which operates as Anthem Blue Cross in California, is sending out mailers and making phone calls to enlist subscribers as grass-roots warriors.

A frequent target is the "public option," a govern-

ment-run insurance program, which the industry considers bad for business.

Insurance companies are reaching out to Andrade, too, with offers that mingle with the bills in his mailbox. He's teased, he says, with promises of affordable premiums and quality care.

He once took up Blue Cross' offer to call for a free quote, only to hang up in frustration. The insurer quoted him a premium of nearly \$300 a month.

"How could I afford it?" he asks. "I live paycheck to paycheck as it is."

Even if he could afford the premiums, would an insurer actually risk covering him once it knows he is a diabetic with cancer? The health care legislation being considered by Congress would prohibit insurance companies from denying coverage to individuals with pre-existing conditions, but as of now only five states – not including California – insist on that in every case.

To Andrade, health insurance clearly is a necessity. But for insurers, it's literally a balancing act: They make money from banking the premiums they get from subscribers and lose it when they pay a hospital or doctor.

In mid-October, a day before the Senate Finance Committee is to vote on its health care proposal, the industry's national trade group, America's Health Insurance Plans, launches a surgical strike against health care overhaul. It trumpets a study estimating that health care premiums would rise by thousands of dollars, perhaps by as much as \$4,000 in a decade, if many of the proposals being discussed in Congress are enacted.

AHIP launches television ads and intensifies its lobbying. Still, some opinion polls show support for a public option is growing.

Andrade isn't particularly religious, and hasn't paid much attention to the national health care discussion, but he finds himself praying for some kind of resolution in Washington –



Trudie Nino, a radiation therapist, helps Tony Andrade position his hefty body on a machine that will bombard his bladder with radiation, a treatment he will have to undergo five days a week for up to six weeks. He still hasn't asked doctors if the cancer is likely to be fatal.

and a way out of his troubles.

Away from work for months, he watches over his only granddaughter, Nevaeh. Now and then he drops in on folks he used to shuttle to and from health appointments.

When the Senate Finance Committee votes, a Senate Republican joins the narrow majority, giving Democrats fresh resolve.

Sandy Cooper begins monitoring the debates in Washington more closely, unsure of what it all means to her son. She wonders about those who share the misfortune of being poor and severely ill.

"What are all these people supposed to do?" she asks. "Can you imagine a system that turns its back on children, on a baby, just because his family has no insurance? Tony's my baby."

The phone rings, and Andrade misses the call. His boss leaves a message. It is near the end of the month, and he wants to know when Andrade will be coming back to work.

Andrade's disability leave ends in just a few days, and he needs a doctor's note if he is to extend it and continue receiving his checks. His doctor's office assures him that a notice has been sent to the state: the state

HOW THIS SERIES WAS REPORTED

This series began with a phone call from a worried mother. Over the next two months, Sacramento Bee staff writer Bobby Caina Calvan, who covers the business of health care, and photographer Carl Costas accompanied Tony Andrade on his journey through the health care system.

For events where the journalists were not present, they relied on interviews with the principals and observers – including friends, family and medical providers. They reviewed Andrade's makeshift diary, his mother's detailed wall calendar – where she recorded his appointments – and Andrade's bills and medical records. Hospital and county officials provided additional contextual information.

says it hasn't received it.

Without his checks, Andrade will have to dip into the \$300 left in his savings. His car insurance payment of \$108 is due soon; so are utility bills. Andrade is drained and overwhelmed.

Before the checks run out, Andrade spends part of

Oct. 30 at a radiology office, flat on his back for a CAT scan.

When his arm is prepped for an injection, Cooper senses her son's anxiety.

"You can hold his hand if you want," a technologist tells her.

"Can I?" she responds, reaching for his hand.

"You don't have to," Andrade says, suddenly embarrassed.

She lets go and playfully slaps his forearm, to help pop his veins for the injection.

Andrade spends his birthday, Nov. 5, with a cancer specialist to review the results of his CAT scan and plan his treatment. There is unsettling news.

His cancer could return if aggressive action isn't taken. Indeed, there is a strong possibility it could spread to other parts of his body. He will have to begin radiation therapy soon.

Five days a week, for up to six weeks.

Sandy Cooper's mind wanders. She glances at a child in the medical office, perhaps only 3 years old, bald from therapy. She notices the disfigured ear of a man nearby, presumably another patient.

Her son played linebacker and quarterback at Hiram Johnson High School, and his 6-foot-2, 260-pound frame hasn't begun to show the physical strains of his illness. He already shaves his head, but she worries that weeks of intense radiation could emaciate him. She envisions him weak and frail and fixates on that, rather than on his long-term prognosis.

But Andrade doesn't allow himself to ask the doctor the ultimate question either: Will his cancer kill him? He's not yet ready for the answer.

"If it was something lethal, wouldn't they have let me know?" he says later. "If it gets worse, if it recurs, maybe I'll ask then."

Just when Andrade thought his health care crisis was over, it is merely morphing into something different.

The health care debate

also is shifting in Washington. On Nov. 7, the U.S. House of Representatives passes a historic bill to widen access to health insurance to include most Americans. It is a close vote, within three votes of going the other way.

While abortion becomes a flash point, the House bill retains the major tenets of the Obama administration: near-universal health care, guaranteed coverage to those with pre-existing ailments and an insurance exchange that would offer the uninsured a place to turn for health coverage, without risk of denial.

Then, it is on to the Senate, where Senate Majority Leader Harry Reid of Nevada barely gets the 60 votes to open discussion on the Senate floor, signaling the difficult task at hand.

As he opens debate on the Senate floor Monday, Reid urges his colleagues to “avoid the temptation to drown in distractions and distortions.”

The Republican leader,

Mitch McConnell of Kentucky, responds, saying the bill will “kill jobs and darken the economic prospects of struggling Americans and their children.”

As the debate rages on back in Washington, Andrade begins the next phase of his fight with cancer here in Sacramento: weeks of intense radiation therapy.

He arrives for his Monday appointment optimistic – devoid of the anxiety he felt five months ago when he found blood in his urine, free of the panic when a doctor turned him away for cancer surgery because he lacked insurance, and free of the frustration of having a second surgery postponed amid county budget cuts.

“The quicker we get it going, the quicker it will be done,” he says, his mother again by his side. “I just want to get back to work, get ... on with my life.”

Cooper’s face brightens: “Absolutely,” she says.

Call The Bee’s Bobby Caina Calvin, (916) 321-1067.

THIS SERIES

Chapter I (Sunday): Tony Andrade begins his journey through the health care system with a visit to Kaiser Permanente’s south Sacramento emergency room, where he learns he has bladder cancer. At the last minute, Kaiser cancels surgery to remove the tumor, launching a series of monumental challenges for a working-class Everyman who puts a human face on the national debate on overhauling health care.

Chapter II (Monday): Questions of life and death tear into Tony Andrade and his family. Without health insurance, how will Andrade survive bladder cancer? The safety net for the uninsured is fraying, and Andrade is looking for help where he

can find it. The Sacramento County Medically Indigent Services Program intervenes, providing Andrade with the doctors and surgery he needs.

Chapter III (today): Tony Andrade is jolted by the bills that begin to arrive, and hopes they’ll be the last added to the collection he keeps in a shoe box – tens of thousands of dollars left unpaid. He and his mother look to Washington, where the debate over health care is marching toward an epic political battle, hoping for relief from their own health care crisis.

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To read past installments in this series, go to

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