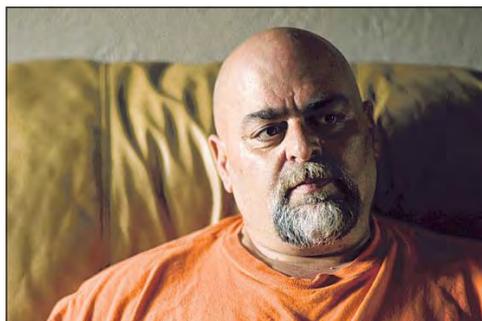


## BEHIND THE HEALTH DEBATE

As bills pile up, a man confronts the medical system – and puts a face on America’s uninsured



**Tony Andrade** of Sacramento has a raft of health problems. He is overweight and has diabetes. Now, he has cancer – and must face the disease without health coverage.

# One patient’s fight for care



**Stress catches up with Sandy Cooper**, whose son, Tony Andrade, 47, suffers from bladder cancer. He’s had one surgery to remove the tumor, but now he needs more, and he doesn’t know if he’ll be able to get it. “I don’t know what to do,” Cooper says. “I’m hoping someone can help him.”

By **BOBBY CAINA CALVAN**  
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PHOTOGRAPHS BY  
**CARL COSTAS**  
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*First of three parts*

**T**ony Andrade struggles for the words to bear the news, heart pounding and hands clammy as he grips his cell phone. *Mom, don’t freak out or anything*, he begins. *It’s cancer.* Sandy Cooper’s voice quavers. *I’ll be right there*, she tells her son.

Bladder cancer. Andrade clicks off the phone and stops to absorb it, alone amid the bustle of nurses, doctors, orderlies and patients at Kaiser Permanente's south Sacramento emergency room.

The last thing he needs is more medical bills to stuff into the shoe box under his bed. The past-due notices for prior emergency room visits now swell into the tens of thousands of dollars. The phone calls from the bill collectors keep coming.

Andrade never had much money. His bank account already is depleted. Nearly four years ago, he lost his home when he could not keep up with the payments.

In many ways, Andrade, 47, is the Everyman of President Barack Obama's push for overhauling the country's health care system: working, but for low wages, without health benefits – in the company of 37 million employed Americans who are uninsured.

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# Insure: Patient earns too much for Medi-Cal

## FROM PAGE A1

Six months ago, days before Andrade's June 17 visit to the emergency room, the president took his proposal to the American Medical Association's annual convention in Chicago. Obama called it a moral obligation to widen access to health insurance and urged quick action from Congress. He acknowledged it could cost \$1 trillion, perhaps more, but said, "The cost of inaction is greater."

On June 20, House leaders unveiled legislation intended to bring relief to the country's uninsured. But it would be months before the proposals would get a full hearing before the House and Senate.

Meanwhile, Andrade's own health care crisis continues to unfold, providing a window into the options – and obstacles – that face the uninsured.

It begins on a summer morning, when Andrade makes a troubling discovery: drops of blood in his urine. The day ends with scribbles on the back of an envelope, a slapdash diary that will form a jumbled collage of his state of mind.

*June 17 – "Diagnosed with tumor. Cancerous. Had to tell mom and kids. Scared, feeling real uneasy. ... Lucky I went right away."*

Andrade makes a choice familiar to the uninsured that day, when he heaves his linebacker's frame into a gray, 1999 Suburban and heads south seven miles to the emergency room. He knows that by law ER doctors have to see him whether he can pay or not.

Like many of this state's 7 million uninsured, Andrade earns too much to qualify for Medi-Cal, the state's version of Medicaid, but too little to buy insurance on his own. His pre-existing health problems, such as diabetes, inflate the premiums he'd pay for private insurance, if he could even get coverage.



**Tony Andrade, who has diabetes, draws blood from a finger to test his blood-sugar level. He has vowed to take better care of his health.**

Andrade spends 12 hours in the hospital, where doctors make arrangements to handle the noninvasive surgery to remove the tumor from his bladder.

At the end of the month, he returns to the hospital for a pre-operation appointment and is about to sign a consent form when the doctor, looking at his chart, suddenly realizes Andrade is not a Kaiser member.

Kaiser Permanente, now the country's largest health maintenance organization, relies on a system of prepayments with an emphasis on reducing costs by stressing health and prevention. Unlike traditional insurance, Kaiser operates as a one-stop health care system for patients, with its staff of doctors and specialists working in Kaiser-owned clinics and hospitals – but, aside from emergencies, those patients must be members.

When he worked for the Department of Motor Vehicles, Andrade belonged to the Kaiser plan. Now, he drives for a small transport company, delivering medical and dental patients to appointments – and he is without benefits. His predicament is not unusual: Fewer than half of small companies in this country currently provide health coverage to workers.

Returning to the hospital on June 29, Andrade had assumed his insurance status wouldn't be an obstacle since the referral for surgery came through the emergency room. Instead, the Kaiser doctor informs Andrade his surgery is being canceled.

Andrade begins to sweat. He leaves despondent and demeaned. There is nothing more he can say.

"I thought doctors were supposed to help you," he says later. "I've got this tumor inside me that needs to come out, that this doctor told me needs to come out, and he's turning me away."

He shuffles through the hospital, his face flushed with embarrassment and anger. His chest feels tight. It seems the longest walk of his life.

The hospital doors slide open, Andrade breathes deep, his eyes moist. A stranger asks if he's OK.

Andrade heads for the parking lot and the refuge of his old Suburban, sweltering in the 99-degree summer heat. He tightens his fists and slams the steering wheel, cursing.

He grabs for his cell phone. Sandy Cooper, his 65-year-old mother, hears the phone ringing as she sits watching television from the living room couch.

Andrade's parents divorced when he was still a boy, and he remains especially close to his mother. When his stepfather, a Vietnam War veteran, temporarily lost his insurance a decade ago, Cooper relied on county clinics for medical care.

She knows what it's like to be uninsured – the indignities, the blow to the pride – and hates for her son to go through that. In her eyes, Tony, all 6-foot-2 and 260 pounds of him, is still a child.

Andrade used to live just around the



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**Tony Andrade, center, prays with family** at his mother's south Sacramento home in early October. He relies on their support to overcome the most difficult challenges in his life. But, he says, "I'm angry with myself, about losing my house, all these bills. It was all my responsibility."

corner from his mother and stepfather in a working-class neighborhood in south Sacramento. Aunts, uncles, nephews and nieces lived nearby. When Andrade lost his house, he moved in with his father across town, near Franklin Boulevard and 17th Avenue.

Never married, his son and daughter grown, Andrade often finds himself alone – as he is the day he sits in his Suburban, perspiring, his cell phone at his ear.

I've got some bad news, he tells his mom.

What is it? Cooper asks.

They're not going to do surgery, he answers.

She goes numb.

Back home, Andrade jots down another note: *June 30 – "Told they couldn't do surgery. No insurance. ... Don't know what to do."*

**K**aizer would later characterize Andrade's plight as an argument for change.

"This type of case illustrates the need for health care reform," said Max Villalobos, senior vice president of Kaiser Permanente Medical Center, south Sacramento, in a prepared statement. "Kaiser Permanente strongly believes every American should be entitled to guaranteed and affordable health care coverage, regardless of their health status or health history."

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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.

Andrade knows something is afoot in Washington but feels disconnected from the political debate. He suspects any help it brings won't come soon enough to pull him out of this mess.

He musters his strength and returns to Kaiser, hoping that somehow the doctor will reconsider. He leaves without a surgery date, but with pamphlets and paperwork from a hospital clerk, whose advice he jots

down later that day.

*July 2 – "Go to county. Apply for Medi-Cal, CMISP."*

**A**ndrade's \$11.50-an-hour job makes him too wealthy for Medi-Cal – a safety net for the poorest of the poor. But Sacramento County, like all California counties, has a special program to provide for some of those not eligible for Medi-Cal: CMISP, the County Medically Indigent Services Program.

The Primary Health Clinic at Broadway and Stockton Boulevard already is under pressure from budget cuts and the growing numbers of people who have lost their jobs, are uninsured and, like Andrade, have nowhere else to turn.

The confluence of events is unfortunate, with the county tightening its rules to admit fewer people – 40,000 instead of 50,000 – just as more need the services.

Andrade avoids the lines at the main clinic by applying at a satellite office across the street from the UC Davis Medical Center. It is surprisingly quiet. He fills out forms asking about his citizenship status – the county no longer provides service to undocumented immigrants – and his finances.

He hands his paperwork to an eligibility officer, who says the county will get back to him.

On the same day Andrade is seeking to

be deemed medically indigent, the Senate health committee refines its plan, proposing health coverage for all but 3 percent of the country's legal residents.

**J**uly 9 – *“Approved for CMISP! Feeling relieved.”*

Finally, something is going right.

The county will pay Andrade's future medical bills. It will give him access to doctors who can help him control his diabetes, obesity and other health problems. And it will refer him to the specialists he needs to deal with his cancer.

Soon, surgery to remove his tumor is set for late August at Capitol Urology Medical Group in Folsom. By now, Andrade is conditioned to be wary, recalling how the rug was pulled from under him just days before. Could it happen again?

His doubts grow, and so do doubts in Washington.

Fiscally conservative “Blue Dog” Democrats are joining Republicans in expressing concerns about the overhaul proposals. They complain about proposed tax hikes to finance new programs.

Congressional members fan out into their districts to convene town halls.

Rep. Dan Lungren, R-Gold River, hosts his first of four area town halls on health care in Citrus Heights on Aug. 18. It is a standing-room-only crowd hundreds strong, with scores more turned away – a scenario repeated across the country.

In Amador County, hundreds pack into another town hall. Opponents are particularly roiled by the proposal for the government-run health insurance program dubbed the “public option.”

“I happen to think the president is wrong in his approach to health care,” Lungren tells his audience.

The next week, on the same August day Andrade's tumor is removed from his bladder, more than 2,000 show up in Rancho Cordova for another Lungren town hall.

The summer debate has been intense, and soon the president will appeal to supporters in a congressional address, trying to reverse the slide of momentum for what he still hopes will be his signature domestic accom-

plishment.

“The time for bickering is over,” he will say. “The time for games has passed. Now is the season for action.”

**S**ept. 2 – *“Told I have aggressive form of bladder cancer. I expected to hear all clear.”*

Andrade's tumor is out, but at a post-op appointment he finds out he needs more surgery. The cancer has spread to surrounding tissue.

He withdraws, sometimes falling into a deep depression. Later he will say that he blames himself.

“I'm angry with myself, about losing my house, all these bills,” he says. “It was all my responsibility.”

His mother takes on the duties of documenting Andrade's health care milestones, turning her wall calendar into a grid of appointments.

Cooper wants her son to stay strong. But she has trouble containing her own worries. She knows her son is a grown man, but she also knows he needs a push to take control of his life and health.

She shares his story with a stranger, speaking haltingly into the phone. Her son has cancer. Her son doesn't have insurance. Her son can't afford medical treatment.

“I don't know what to do. I'm hoping someone can help him,” she sobs. “Can you tell me what we can do?”

Then, another setback. The contract between Andrade's doctor and the county is under review, caught up in the county's budget woes.

Before Andrade abandons his makeshift diary for good, he dashes off a final note:

*Sept. 9 – “Told surgery on hold. ... Stressing out, anxiety.”*

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*Call The Bee's Bobby Caina Calvan,  
(916) 321-1067.*

**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. Who will be there for him?

## BEHIND THE HEALTH DEBATE

# Cancer patient leaves the toughest question unasked

Second of three parts

BY BOBBY CAINA CALVAN  
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**T**ony Andrade has yet to ask the tough question: Is he going to die?

Andrade knows enough about cancer – people in his life have died from the disease – to realize his situation is grave: A tumor was removed from his bladder, but more cancer was found. Now he has to figure out whether, without private health insurance, he can get the additional surgery he needs.

That unknown seems far more daunting than the larger question, as it does for many of the 46 million uninsured in America today. As a debate over health insurance raged

**INSIDE:** Experts are divided over the legislation's economic impact. **Page A12**

in public throughout the summer, Andrade dealt with his own private crisis.

Now, on this fall afternoon, Andrade and his mother, Sandy Cooper, sit side by side on the living room couch in her south Sacramento home.

"Everybody dies," Andrade tells her. "We all have to go someday. ... The question is, will I die before my time?" "Don't say that," Cooper snaps.

Cooper removes her glasses to blot her eyes, gets up and disappears into the darkness of a nearby room. The summer has been almost as hard on her as on her son.

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**Sandy Cooper watches over** her son, Tony Andrade, at Sutter General Hospital in early October. Sacramento County has deemed 47-year-old Andrade "medically indigent."

# Insure: County's safety net could still fail

## FROM PAGE A1

The drops of blood Andrade, 47, discovered in his urine back in June were only the beginning of what has become a monumental crisis for him and his family.

Without health insurance, Andrade is relying on the Sacramento County Medically Indigent Services Program, a safety net for the working poor. He is at the mercy of the county bureaucracy and a program that's under dire financial stress. Sacramento County has closed health clinics, reduced services, cut staff and tightened eligibility rules to further reduce its caseload.

Now, the county is considering further cuts.

For Andrade, those cut-backs are more than minor inconveniences. He has trouble reaching his county doctor to talk about his diabetes and upcoming appointment; she is on indefinite leave, a county spokeswoman will later explain.

On the day he is to see her, he arrives to find the county clinic on Del Paso Boulevard closed.

Cancer treatment isn't cheap, and Andrade and his mother are afraid the county could run out of money for his medical care – or that he could be dropped from the program before he gets his surgery.

"We're getting help now, (but) what about tomorrow?" Cooper asks.

**T**hree thousand miles away, the health care overhaul proposed by congressional Democrats would require every American to obtain health insurance and allow most of the uninsured to purchase policies through an insurance exchange, a government-run marketplace that would guarantee minimum coverage. Those unable to afford coverage on their own would benefit from subsidies funded by new taxes on

businesses and the wealthy.

Proposals also would vastly expand Medicaid, known as Medi-Cal in California, allowing more of the working poor to qualify.

Critics challenge the plan. Would folks really get the quality care they need? And would premiums in the exchange be cheaper than in the existing free market?

They also raise the specter of Big Brother and rationing. Do we really want the government more involved in our health care decisions?

Andrade was thankful to be approved for county indigent coverage in July, but now he is at the mercy of forces he cannot control. He has little choice in doctors or the treatment. County case managers make most of those decisions for him.

Ultimately, what Andrade really wants is private health insurance and the ability to go to a doctor anytime, without fear of another

expensive bill.

That is not his reality on this September day when he is taking the turns in his life as they arrive.

Over the years, Andrade has struggled with a raft of health problems – a challenge for even the best-insured to manage. The former Hiram Johnson High School linebacker is technically obese, although he camouflages his girth with loose-fitting T-shirts. He has type 2 diabetes, diagnosed two years ago by a Kaiser doctor, and his county doctor has put him on a challenging regimen of insulin, drugs and healthier living.

As the wait for cancer surgery drags on, one cousin fears Andrade has given up.

"There's a lot of anger," says Brenda Garcia. "Sometimes he just disappears."

**I**n late September, the county and Capitol Urology Medical Group finally come to an agreement



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**Rosie Fitzhugh, a nurse at Sutter General Hospital,** prepares Tony Andrade for surgery in early October. Andrade's son, Anthony IV, and his daughter-in-law Liz, are at his bedside. Andrade and his family fear the county could run out of money for his medical care.

over their contract, and Andrade's second surgery in as many months is back on. His spirits rise.

He banters playfully with his mother as they wait for his pre-operation appointment in Folsom.

A childhood friend has coached him about the questions he should ask this time, and he runs through his handwritten list:

*What type of cancer?*

*How long will surgery last?*

*What is recovery time?*

*In the case something goes wrong ... what is Plan B?*

He learns his cancer is an adenocarcinoma, a particularly worrisome variety when it involves the bladder because it is so invasive. Only 1 percent of bladder cancers are adenocarcinomas, according to the American Cancer Society.

The doctor will use a robotic tool, the da Vinci Surgery arm, to snip away the cancer from Andrade's bladder and stitch up the wound. If all goes well, the surgery itself will take about

two hours and recovery will be hours more.

The doctor won't know how much of the bladder will have to be removed until he takes a look. If he needs to remove it, the surgery would be complicated by the need to rebuild Andrade's bladder using a section of his intestines. Or fit him with an artificial bladder.

Neither option sounds good to Andrade.

But once again, he puts off the bigger question: Will this rare form of cancer eventually kill him?

**T**he following week, at Sutter General Hospital, Andrade is surrounded by family and friends. His 23-year-old daughter brings his only grandchild, Nevaeh – "heaven" spelled backward – to his bedside.

Nurses are effusive and chatty. Consider this a five-star hotel, one tells him. His mother wonders out loud whether her son is getting special treatment because a

reporter and photographer are in the room.

"Usually, when you're uninsured, you get treated like a second-class citizen," Cooper says.

In the last moments before surgery, mother and son try to reassure each other that everything will be all right. Both confide they have their doubts.

Andrade's gurney is wheeled into the hall. His mother walks alongside. She is trying to think good thoughts and picture her son on the other side of surgery.

"Everything's going to be all right," she tells him. "I'll be right here when you wake up. ... I love you."

Tightly wound with worry throughout the weeks of waiting, Cooper unclasps her son's hand, leans into a nearby wall for support and unravels.

"He's not going to die," she says, her lips trembling. "He's not."

*Call The Bee's Bobby Caina Calvan, (916) 321-1067.*

**TUESDAY:** Tony Andrade is jolted by the bills beginning to arrive and hopes they will be the last added to the collection he keeps stuffed in a shoe box – tens of thousands of dollars left unpaid. He and his mother also look to Washington, where the debate over health care reform is marching toward an epic battle, for potential relief from their own health care crisis.

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## 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."

**Back page, A14**

### 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.

**INSURE** | Back page, A14

**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**  
*ccostas@sacbee.com*

# Insure: 'If I could pay ... I would'



CARL COSTAS ccostas@sacbee.com

**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.

**I**t 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.

**A**s 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.

**S**andy 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

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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.

**A**ndrade 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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## HEALTH

# Cancer patient gets help with bills

### IN SHIFT, KAISER PROVIDES RELIEF ON HIS DEBTS

BY BOBBY CAINA CALVAN  
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Kaiser Permanente has forgiven thousands of dollars in past-due bills for

Tony Andrade, a Sacramento man whose fight with cancer was recounted two months ago by The Bee.

The HMO informed Andrade, who has no health insurance, of its decision in a series of letters. Andrade, 47, racked up tens of thousands in medical bills from visits to Kaiser emergency rooms, some dating to 2006.

Kaiser did not explain why it reversed an earlier decision to deny Andrade's request for relief from his debts. Like other health care providers, the HMO has seen unpaid bills soar as the economy soured.

Last year, Kaiser Permanente's Northern California operations provided approximately \$59 million in medical financial assistance, more than double the amount spent the year be-

fore, the company said.

The Bee recounted Andrade's story in a three-part series describing his treatment for a bladder tumor and the financial difficulties he faced.

Despite having a job, Andrade had no health insurance and not enough money to pay the bills that soon arrived. A county program for the medically indigent swooped in to help - paying for surgery and specialists to remove his cancer - but not soon enough to pay for expensive trips to the emergency room, including the one in June that led to the discovery of a tumor in his bladder.

Tens of thousands of dollars in medical bills have piled up in his shoe box, the most recent arriving a few

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## Bills: Return to driver's job planned

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days after Christmas last year - \$9,724 from Kaiser Permanente for the ER visit on June 17, a day when he found blood in his urine.

Andrade tried earlier to get the HMO to forgive his debt through its financial assistance program, but was turned down.

Last month, a Kaiser representative called to invite Andrade to reapply. He did.

"I knew she was trying to help me take care of them bills. ... She just called me out of the blue," said Andrade.

While Kaiser officials declined to discuss Andrade's case, the company issued a statement saying it was "pleased to be working with him on identifying appropriate Kaiser Permanente medical financial assistance pro-



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**Anthony Andrade** is helped by nurse Jennifer Scott, right, at Sutter Medical Center in October as his mother, Sandra Cooper, looks on.

grams for which he is eligible."

In 2008, California hospitals wrote off nearly \$1.2 billion in bad debts and provided \$973.4 million in charity care. Hospitals offer such free care in part to meet federal requirements for nonprofit status.

Andrade welcomes the prospect of resuming his day-to-day life without thousands of bills hanging over his head. Two months of radiation therapy are done, but his fight

against cancer isn't over. Doctors later this month will measure his progress.

He expects to return to work next month as a driver for a medical transport service.

"I don't know about starting anew, but it'll give me the opportunity to get back on the right direction," Andrade said.

Call The Bee's Bobby Caina Calvan, (916) 321-1067.