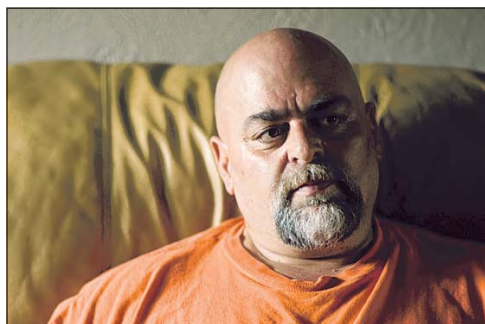


## BEHIND THE HEALTH DEBATE

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.”

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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.

INSURE | Back page, A20

# 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."

## 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 Calvin, 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.

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,  
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**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?