
"ALL ABOUT COST" **CAT VASKO**

Every day brings us closer to the eradication of cancer; every day we see headlines about promising new treatments or exciting developments in our understanding of how this disease works. With so many Americans dying from cancer every year, our imagination is captivated by the search for the next big breakthrough – will it be a vaccine like [Gardasil](#)? A targeted therapy like [Herceptin](#) or [Gleevec](#)? Will it emerge from the rainforests of the Congo, or are we growing it right here in the US, on the tobacco farms that feed our nation's addiction to cigarettes?

For most of us, these headlines portend hope for the future. For most of us, they offer a glimpse of an America where cancer is as rare as measles, and as easily treatable. But for the 46 million among us without health insurance, research is only the first step. However promising the therapy, they won't be able to afford it if our healthcare infrastructure remains as it is today.

We here at SU2C HQ wanted to find out what resources are available for the uninsured when it comes to cancer screening, diagnosis, and treatment, so I took a field trip to a community health center in Pacoima, a working class suburb a few miles north of Los Angeles. It was depressing – a fluorescent-lit labyrinth staffed by tired-looking (but ever cheerful) employees in scrubs. I thought I'd see what it took to get a free mammogram. The answer turned out to be a two-month wait. As to what happened if the mammogram turned up a malignancy, no one seemed to have any idea.

Dr. Funmi Olopade, an oncologist in the University of Chicago Breast Center, says what happens next depends on a number of factors. "Here in Illinois, any woman who is diagnosed with breast cancer is automatically given Medicaid," she told me, stressing that the same is not true in all states. "But the challenge is that even though Medicaid will cover these women, private hospitals limit their exposure to Medicaid patients." They do this because Medicaid only pays a small percentage of the total cost of treatment. The rest is left on the shoulders of patients, and when they can't pay, the hospital loses money.

And the cost of a physician visit is just the tip of the iceberg for a woman with breast cancer. "I've had patients who've needed anti-emetics, but because they couldn't afford them, they just puked through the night," said Dr. Olopade. "Eventually they quit taking

the chemo because they were so sick.”

Missing out on lifesaving cancer treatment because you can't afford a basic prescription medication for nausea? It sounds preposterous, impossible, but it's the situation uninsured patients all over America face every day. The lucky ones, that is. Breast cancer gets a lot of attention from the public and the lawmakers they elect, so contingencies are available for the uninsured in many states. But what about prostate and colorectal cancer, which will strike over 330,000 Americans this year alone? The medical community agrees that screening should begin at 50 for both diseases, but if you don't have insurance, you're out of luck.

“It's all about cost,” said Dr. Olopade. “We have not been in a prevention mode, we've been in a treatment mode. Most of the uninsured wait to get sick, and then they show up in an ER and someone has to take care of them.”

But aren't America's uninsured mostly young, healthy people in their twenties who don't need coverage for screening anyway? Not exactly. According to the most recent census data, 13.7 million of the uninsured are aged 19-29 – less than a third. Eight out of ten of the remaining 33 million are either working adults or their children. What's really terrifying is that almost 40% of these households earn more than \$50,000 a year, which sounds like plenty. But with the average family policy clocking in at a cool \$12,000 a year, \$50,000 dollars isn't what it used to be.

“It's really important that we shift into prevention mode,” Dr. Olopade told me. “If everyone was screened for colorectal cancer we could dramatically reduce colorectal cancer death rates, but nobody's jumping up and down to cover people unless they're already sick.”

Here comes a familiar, if cynical, observation: reducing the number of cancer deaths would also reduce the costs associated with treating terminally ill patients, and even the coldest businessperson can appreciate a drastic change in their bottom line. For once, the needs of the public and the needs of big business are serendipitously aligned. But overhauling cancer treatment for the uninsured won't be as simple as clicking our heels three times, Dr. Olopade warns.

“First we've got to do more research on prevention and disseminate that knowledge to the general population,” she told me. “And when they choose to get more screening, we need centers where they can get it. We haven't funded this to the same level as we've funded treatment approaches. It's going to take radical health care reform to get to a place where we're putting a lot of money upfront to keep people healthy.”

Which brings us back to the community health center in Pacoima. After declining to make an appointment to get a mammogram, I asked to speak with the person in charge of women's health services. Twenty minutes went by before a girl my age emerged from a swinging door marked “Employees Only” and smiled at me. “We're very sorry, but they just don't have time to see you,” she told me. I believed her. If preventative care is a

battle, then this was the front line.

“We have to make sure that all the advances of the past decade reach the most vulnerable among us in society,” said Dr. Olopade. “Then and only then will we truly be able to stand up to cancer.”

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