

## [TRACK 4: SURVIVOR STORIES: BEING UNINSURED]

### Felicia, in her early 20s

[Narrator]

Let's hear from Felicia, who, like Robert, is a cancer survivor, but has a very different story.

[Felicia]

My husband and I first came from Mexico as ranch workers. We both worked very hard, and a few years ago, we became American citizens. We were so proud, and then our first baby was born. We still live in a rural area - the closest town is about 50 miles from the ranch where we live. When I first started having a little bleeding, I was scared. I know that many women in my country have these "female cancers" - I have known quite a few women who had cancer and many have died. I thought maybe I had it too. I do not drive a car and I had no way to go to town by myself. I told no one. Besides, even if I found out that I have cancer, my husband and I do not have any insurance, and we do not have enough money to pay expensive medical bills. I really did feel hopeless and so scared. What would happen to my baby without me? Then, one Sunday at my church, I saw a sign that said a nurse practitioner would be there next Sunday to do free cancer screening right in the church basement. The sign also said that the Church would help if treatment was needed. So, I decided to go. I would not have to ask for special help to get there since we all go to church every Sunday anyway. I was lucky. Well, not so lucky because I did have cancer. But, lucky because my cancer was found early and could be treated. ... After my first examination, the nurse practitioner thought that I might have cancer. The church already had a plan to help: A lady from the church-women's group offered to take me to the hospital for the biopsy and other tests. When it came time to go in for surgery, my husband was able to take time off to go with me. The church works with another community group to help pay for the surgery and the rest of the cancer treatment for people like me who do not have insurance and cannot pay. When I finished my treatment, I asked to be part of the church program so that I could help other women like me find their cancers early and get the kind of care that I found. We now offer a regular screening program for cervical cancer - the kind of cancer I had - with special information printed in Spanish so that women like me can get all they need to know. We are going to start other kinds of screening programs too - with money from a special fund from the state. I feel good that I can help out in this way.

[Narrator]

Felicia discovered what has become a source of help for many uninsured people - their place of worship. Many church groups, particularly those in rural and other communities that have limited access to health-care services, offer low cost or free screening and early detection programs such as mammograms for breast cancer, examinations and blood testing for prostate cancer, and screening for colon and rectal cancers. When a cancer is discovered in one of these screening programs, the sponsoring group, like Felicia's church, very likely has a partnership with other community agencies like the United Way, to provide needed care and services. Individual doctors and nurses quite often volunteer some of their time and skills to these free and low-cost clinics. Other publicly sponsored programs are offered in public hospitals and community-based clinics, where funding comes directly from tax support or sometimes, from private donations.

[Narrator]

Sometimes, people are unaware that they have access to insurance or health-care services that can help pay for cancer care. Finding care might be just a matter of learning that help is there. A place to start looking for information is the U.S. government. Several programs provide what are called "Entitlements" - where a person is "entitled" to or has a right to help because of their low income level, age group or disability. These programs include Medicare, Medicaid, Social

Security, Supplemental Security Income and General Assistance. One important Federal program is the National Breast and Cervical Cancer Early Detection Program that helps low-income, uninsured women get access to Pap tests and mammography. The program is administered by the U.S. Centers for Disease Control and Prevention. If a woman who is enrolled in the early detection program is diagnosed with cancer, most states provide Medicaid assistance for treatment costs. County and state health departments can provide more information.

Talk to the social worker, hospital or clinic financial counselor, or call the Social Security Administration yourself to find out if you qualify for help from any of these programs. You can call the Social Security Administration directly at the toll-free telephone number 1-800-772-1213. There is also a TTY number 1-800-325-0778 for the hearing impaired. Social Security Online contains a good deal of information and is also available *en español*. Remember, these telephone numbers and the Web site address are listed in the resource booklet that comes with the Toolbox. It is a good idea to have the doctor, nurse, social worker, or financial counselor help you prepare a list of questions or to clearly spell out your requests before making the call.

[Narrator]

Medicare covers nearly 45 million Americans, and is the country's largest source of payment for medical care. A number of changes to Medicare have been proposed. It's not clear if or when these kinds of changes will be enacted, or how any changes might affect what Medicare covers. Since changes in Medicare might affect your coverage, it is important to follow these developments and take full advantage of any new provisions.

[Social Worker]

People who qualify for Medicare include those who are 65 years or older and entitled to Social Security, Widow's or Railroad Retirement benefits. People who are on kidney dialysis and those who are totally disabled and have collected Social Security for at least 2 years also qualify for Medicare. Anyone who is eligible for Medicare is automatically enrolled in Part A, which covers in-patient hospital bills, continued treatment and rehabilitation in a skilled nursing facility, and hospice care. Part A is paid for by contributions employees and employers make to Medicare's Part A Hospital Insurance Trust Fund. The other part of Medicare, Part B, pays for doctors' services and outpatient hospital services, including emergency room visits, out-patient surgery, diagnostic tests, laboratory services, and some kinds of medical equipment. A monthly payment or "premium" is taken directly from the Social Security check. Under Part B, a person must pay the "deductible" amount charged for covered services before Part B payments will start. After the deductible has been reached, Medicare pays 80 percent of an amount that the government decides is a fair charge for a service. In 1997, Medicare began to give people the option of coverage by managed care companies. Medicare also has what is now known as Medicare Part D. This is insurance intended to provide low-cost medicines for those individuals covered by Medicare. Medicare Part D is not free, there is a charge and there are several different plans of drug coverage to choose from.