



## Podcast Transcript

# The American Healthcare Surprise

*Featuring Nilton Fonseca*

**Dispatcher:** 911, what's your emergency?

**Caller:** America's healthcare system is broken and people are dying! (ambulance siren)

Welcome to **Code WACK!**, where we shine a light on our callous healthcare system, how it hurts us and what we can do about it. I'm your host **Brenda Gazzar**. This time on **Code WACK!** How does our current healthcare system limit our choice of doctors and surgeons with a particular expertise in times of personal health crises? How would Medicare for All ensure greater access to care and choice? We recently spoke to Nilton Fonseca, a husband and father of three who was diagnosed with breast cancer in 2020 and is currently in

remission. He lives in the Greater L.A. area, holds an engineering degree and has three decades of construction project experience domestically and abroad.

(5-second stinger music)

***Welcome back to Code WACK! Nilton.***

**Fonseca:** Thank you for having me.

**(01:00):**

***Q: As we discussed in last week's podcast, a few years ago, you went to urgent care with some pain in your chest, and a lump was found. You were ultimately diagnosed with breast cancer and had to have a mastectomy. How easy was it to find a doctor and a surgeon experienced in treating male breast cancer?***

**(01:08):**

***Fonseca:*** That's a question that internally never really came up except now towards the end, I'm in the reconstructive stage of my breast cancer. I'm getting reconstruction. This has been the hardest one, but leading up to this point...it never really occurred to me, you know, about whether the person was a specialist in male or females because I had to have a full mastectomy and I saw a very good surgeon here in the South Bay. He did excellent work and ultimately it's the same type of procedure, except in my case, as I understand it for males, once you're diagnosed, you have to act on it really, really fast to prevent spread of the cancer itself to maybe other internal organs in your body simply because of the male breast being very, very close to the rib cage itself, almost touching there. There's less tissue there.

**(01:59):**

***Q: Do you need to find a special surgeon to handle reconstruction for men?***

[\(02:04\)](#):

**Fonseca:** Yes. I tried to find one because of this also being a rare condition, it's difficult to find, or has been difficult to find, you know, surgeons with current competency in working on males – specifically reconstruction of breast cancers and initially the physicians that I was referred to, I have an HMO and they typically refer you to physicians within your geographic area within a 10 to 20-mile radius and I couldn't really find anybody that had prior experience doing that and to make a long story short, so to speak. I tried to then go out of network. I requested referrals and that was repeatedly denied by the insurer saying that I didn't need to go out of my area because there were other surgeons in this area but this is something, even though I, you know, tried to make my case I think it just fell on deaf ears and it got to a point where I ultimately applied for an appeal. I made an appeal to the Department of Managed Health Care in Sacramento to the state body. And after I'd say after 40, 45 days-plus or something, they came back to me denying my appeal.

[\(03:11\)](#):

**Q:** *Oh no.*

[\(03:11\)](#):

**Fonseca:** On the basis that my insurer that time had provided them with sufficient information to show that there were plastic surgeons around my geographic area that could operate on me, but I would go back and, you know, with some of those telephone numbers and even physician names that they gave me, I remember there was even one in particular where I called up and the automated voicemail that I received was Children's Orthopedic Center or something like that. So it seems that the insurance companies also don't seem to have their own lists well updated as to what kind of you know procedures those practices are capable of and ultimately, I settled on the local surgeon here in the Torrance area that was highly recommended by my breast surgeon who did the actual mastectomy. He recommended him highly to me. He said, you know, he has worked with him before and he felt it was good and that's who I, you know, ended up going with him and I'm very pleased with the results so far.

**[\(04:09\):](#)**

***Q: Oh, good. And did he have any prior experience operating on men?***

**[\(04:16\):](#)**

**Fonseca:** Yeah, he had prior experience operating on men doing other types of procedures, but as I understand it for breast cancer, post-cancer reconstruction on men, No, I'm not aware that he had, but he was very keen and I felt very confident after speaking with him for a while. I had sufficient confidence to go ahead. He's a young surgeon. He's very, very capable and very competent.

**[\(04:39\):](#)**

***Q: Wow. I am glad you were able to find somebody who is competent in your area. And I'm so sorry that the insurance company didn't let you choose the surgeon of your choice.***

**[\(04:49\):](#)**

**Fonseca:** As somebody said to me, you know, it's a bit ironic because we are in Los Angeles. We've got probably some of the highest per capita rate of plastic surgeons and it was surprising that I faced these challenges.

**[\(05:08\):](#)**

**Q:** Right, exactly. That's a really good point. So what are your thoughts on Medicare for All, which would eliminate provider networks and give patients like yourself, the freedom to select a physician who's an expert in their specific treatment or condition?

**[\(05:23\):](#)**

**Fonseca:** I'm all for it. I'm not sure why it hasn't been done before, even as a consumer, as a taxpayer, you know, we pay lots of taxes and sometimes I feel I'm not getting my money's worth and with all this money that we pay and it's a type of a tax, you pay almost an additional tax by having to pay these copays and then even to have to contribute to an employer's plan, or even if you buy it through the state exchange, you still have to pay for it. So it's some sort of like an

additional tax. I would gladly give up that money, you know to go into a state fund to pay for Medicare. So you wouldn't have to worry about this because every time you go for an appointment or surgery, I still sometimes do have anxiety about getting a surprise bill from either a physician's group or a pathology group or anesthesia group.

**(06:11):**

**Fonseca:** I mean, just take my first plastic surgery that I had three months ago for reconstruction. I ended up getting sort of like a surprise bill in the mail from a pathology group, you know, because there was some tissue removed from me at that time and they billed me for it because apparently there was a glitch with the insurance and it took me close to three hours to sort out – waiting, waiting on the phone, to speak to different medical groups, including speaking with my HMO provider and also my physicians group and then eventually, you know, then calling into the pathology group, you know, to sort out this, this bill and it's there is a lot of hours burned by people all the time just to sort out basic medical issues, billing issues, and I think it's about time we had Medicare for All.

**(06:57):**

***Q: Wow, how much was the bill for?***

**(07:00):**

**Fonseca:** The bill for me, it wasn't too bad. It was about I think under \$200. But I know the folks have had other bigger bills. It's always in the back of my mind because every time you go to an appointment at a doctor's office, or even at the hospital, there's always these disclaimers at the very bottom. You basically sign your life away by saying, although your insurance is going to cover it, but you are ultimately responsible for anything your insurance doesn't cover. So I think it's the only business where you go get a service without knowing what the cost is going to be at the end. It's like going to a supermarket and you put a carton of milk in your shopping cart and you get to the cash register and they say, 'oh, sorry, today, the milk's gonna cost, I don't know, a thousand dollars' instead of \$3.

**[\(07:46\):](#)**

**Q: Yeah. Great analogy. That's so true. And so many times the bills that we get are incorrect.**

**[\(07:53\):](#)**

**Fonseca:** Yes. There's a lot of errors. It's either because it's almost like a machine, like some sort of, like, production line system, the way I see it. And you've got this whole ecosystem of billing companies that even physicians offices are having to hire just to handle their own billing and obviously all this cost is passed on to us, to us the actual consumer and when I see some of these bills that sometimes come from the insurer, you know, I'll get a statement at the end of the month that said, okay, you had a procedure and your procedure maybe cost like \$25,000 or \$30,000. But actually this is what you've saved and this is what the physician is getting paid, which is maybe \$7,000 or \$8,000. So then I asked a question, why did you charge \$25,000 to start with, you know, so it's really bizarre.

**[\(08:38\):](#)**

**Fonseca:** I still don't understand that there is this great disconnect from the original price charge to the price actually settled in the end and I think if we had Medicare for All, also, it would free up a lot of employers and a lot of money that they also have to invest themselves to pay for this. You know, why not pass this onto a tax and then go into a central system. If people want to buy private insurance, so be it, you can still go, but it's right now, we're all, we're all, you know, being held hostage to this.

**[\(09:06\):](#)**

**Q: Yeah. Yeah. That's so true. We are being held hostage. What has been your biggest takeaway from this whole experience, Nilton?**

**[\(09:13\):](#)**

**Fonseca:** I learned a lot more about insurance than I needed to and it's a Byzantine system. It's so dysfunctional. It's so dysfunctional – the insurance system. And the more and more I think about it, you're saying, you know, I feel

we're just being ripped off by what we pay, although we have, in my case, I'm very happy I've had really top level care. I think some of the best in the world we have here in the L.A. area, but the anxiety that goes with that, just getting to that care was maybe unnecessary and for me, you know, I've got a college degree. I could navigate it a bit better, but sometimes I think about maybe an older senior citizen who's not so computer savvy, they will need help and when they don't (get) help, you know, they just get run over. I think we do away with it. If at the federal level doesn't get approved, we here in California, we're big enough to actually do it ourselves. I mean, people forget that California, you know, we've got a larger population than Canada and a bigger GDP than Canada, and we can do it. There's no reason why we can't.

***(5-second stinger music)***

***Thank you, Nilton Fonseca.***

***Do you have a personal story you'd like to share about our 'wack' healthcare system? Contact us through our website at [heal-ca.org](http://heal-ca.org).***

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