



## One man's fight for freedom and choice in health care

**“So they accepted the procedure and paid for that but they haven't paid me back for the doctor yet. I'm still fighting with them for that. So how can you approve a procedure that only one doctor can do, is licensed and has the experience and equipment to do, and not pay for his bill?” - Rand**

*911. What's your emergency?*

*America's healthcare system is broken and people are dying.*

Welcome to **Code WACK!**, where we shine a light on America's callous healthcare system, how it hurts us and what we can do about it. I'm your host, **Brenda Gazzar**.

*(music)*

This time on **Code WACK!** Imagine having to fight with your HMO insurance to get them to pay for the cost of the surgeon doing your operation? Imagine having to scramble for new health insurance because another specialized surgery you need in another state isn't covered by your plan? We recently spoke to **Rand**, a commercial property manager, writer and father of three in Southern California who shared his formidable health and insurance challenges that he's faced with us. This is the first of a two-part series with Rand.

***Welcome to Code WACK! Rand.***

**Rand:** Thank you for having me, Brenda.

***Q: It's great to have you. Tell us a little bit about yourself. Who are you and what do you do?***

**Rand:** Well, I am a commercial property manager, and I also, in my spare time, enjoy writing and I'm a father to three lovely children. I live in beautiful southern California. So I enjoy getting outdoors and going for a run or walking, you know, along the beach or the bay, or just sitting out and enjoying nature.

***Q: Hmmm. Sounds lovely. So several years ago you started having some medical issues and were prescribed, I think at least one medicine that you were told could help you. Tell us briefly about that.***

**Rand:** It was about 2020 when I first decided I needed to see a doctor, a urologist, because I was increasingly over time for the previous year or two or three, noticing that I was having more and more difficulty urinating. Getting up once a night to go pee turned to two times, turned to three times, and sometimes four times a night and I just didn't have the full stream. You know, you hear that expression, you could pee like a racehorse or something.

Yeah, I'm not 20 anymore and it just wasn't happening, (it) was getting weaker and weaker. And, and so I started getting concerned. So I saw a urologist in 2020 and this doctor said, no problem. Here's some pills. The brand name was like Flomax. And I got the generic version of that. And yeah, it helped me pee a lot. And I was satisfied, although I don't like taking drugs, this is my first real prescription drug, you know. And of course I asked him many questions like, 'well, how long am I gonna have to be on it?' And he basically said, as long as you need it, which I got the impression was like forever. But, I did a lot of research on the drug, and Google doesn't tell you much, you know, it tells you what the drug manufacturer wants you to hear, which is, it's totally safe. There's not a lot of research that has been done on this and all the studies are by the drug manufacturer. So I was a

little nervous and anxious being on this drug 'cause you really don't know what the long-term consequences are, or unintended consequences. So I was on it and I was sleeping better, didn't have to get up as much. My was urinating, you know, fine. But that didn't last forever. And, um, you know, I always had some hope that, that it wouldn't be 'cause I'm not that old, so I wouldn't wanna be on, on a drug for, you know, 40 years or 30 years. So I was always hopeful that something would resolve itself, whatever it was. And one day, at one of my appointments, I asked the doctor, I said, 'so where's this headed? How will this resolve?

What's, you know, where's this going? And he just shrugged his shoulders. He didn't even answer me. He just shrugged his shoulder. So I kind of, little red flag, I kind of, you know, remembered that. I said, why does the doctor, who's the expert and the specialist not know what, you know, what's gonna happen in the long term? So, um, just filed that away. And over time, it got worse and worse and got to the point where I was having real difficulty peeing, and it was uncomfortable, you know, like, I would sometimes go and stand there and not be able to pee. So, went back to the doctor and he gave me a second drug and he said, here again, no explanation. I asked if it was safe, if there are any, you know, adverse consequences or conditions that, you know,, could come up.

He said, 'no, it's fine. It's totally safe.' So I did research on the internet and found out, yeah, there are some, some really nasty side effects that you wouldn't wanna get. So I was on that and it continued to get worse, the problem. So I finally realized I need to do something. But when I did the additional research on my own, rather, I discovered something that was quite scary, which, and made me wish that I had done it years before. So by, by this time it's now maybe 2023, early 2024, and it's been a few years and things have progressed, not the right direction. I realized I probably likely will need surgery. And I did a lot of research and realized that, geez, I wish I had looked into this years before because what the doctor did not tell me was that when the, the bladder is like a muscle, and like any muscle that has to work harder, it gets bigger and thicker and, the bladder wall should be like a balloon, to be elastic, to expand and contract, it has to be supple.

It can't be thick and strong and once a bladder starts thickening, it really doesn't go back to being elastic. So if that shrug of the shoulders didn't bother me and I didn't look into it and didn't feel like, 'no, this is going the wrong direction,' and just like played along, like, 'okay, I'll just keep taking this whatever.' Eventually I would've gone into renal failure where my bladder would not be able to contract and I'd have to have my bladder removed, which means I'd have a tube coming outta me the rest of my life. I would have to pee in a tube through a tube the rest of my life. And I'm way too young for that and active for that. So that was a huge jolt of reality. So then I really began looking for solutions in earnest, and that's kind of how it started and which led me to having a need for surgery.

***Wow. I'm so sorry that you went through all that. That sounds very scary.***

**Rand:** Ah, thank you. You know, in the context of life, there's so many worse things. So, you know, it's just one of those things you have to accept.

***Q: Wow. So what surgical procedures did you have done and how much did they help?***

**Rand:** Procedures for the prostate, it's not like so many other organs where, you know, if it's a heart problem, you know, 'oh, you have this problem, boom, here's the solution, here's the answer,' 'appendix, this is what we do.' The prostate is really deep inside your body. Anything that's done has to be invasive and unfortunate. It's not like one single thing that's like, oh, this is what we do. This is the best because of the nature of being invasive, there's really not great outcomes on any procedure. They haven't invented one procedure yet that's 99 point whatever percent effective and only 1% have complications. I think the best that they're up to is maybe 90 or 95, somewhere between there. It's just, you know, a percentage of men have complications. So I wanted to look for the best procedure, the one that offered the best outcome.

And I decided that there's one procedure in particular that was relatively new, and only one doctor in San Diego County did it. So once I narrowed it down, and for

example, a lot of the procedures, they have like lasers, which are hot, but the heat of the laser damages other tissue around and before they had the laser, they had, and still people do, surgeons do cutting, but there's so many nerves that run through the prostate that if you nick the wrong nerve or the laser, the hot laser damages, then you have complications can be, have permanent (erectile dysfunction) not the kind that's fixed with a little blue pill, but permanent for life. Like, that's it, it doesn't work anymore in that regard. Or you can have incontinence for the rest of your life where you have to wear a diaper or something.

I mean, these are not really good outcomes or side effects. It's nothing that anyone would, would choose to have and they are pretty, pretty horrible, so anyway, I chose this one procedure that used water, like cold water, a very fine, like a laser of cold water, very high powered thing that minimizes all the other things with heat and so forth. And it's robotic. So again, it prevents the, 'oops,' you know, the surgeon with unsteady hands, accidentally nicking the wrong nerve. So it's highly accurate. It's computerized robotic, cold, and it has the best outcome, et cetera, et cetera. So I chose that and insurance denied it. My insurance denied it. So the doctor said, 'that's ridiculous' and the reason why they denied it is because their doctors didn't do it, didn't know how to do it.

They wanted me to go to their doctors. And I didn't, this one procedure has proven, you know, in all the studies statistically to give the best outcome. So I was like, 'no, I don't wanna do that.' Well, the doctor that I went to for this procedure said they have to approve it. It's been already approved by the insurance, you know, by all of nationwide. This is an accepted procedure, medical procedure, Well, that was a big fight. So long story short, the surgeon had to talk to the insurance company's appeal person who makes up the, you know, actually the decision maker and to show 'this is already an accepted procedure by the American Medical Association. Your insurance company has accepted it too,' and fine. They accepted it and they did accept it finally, but they didn't approve him to do it, which was really weird because he wasn't an in-house doctor. So they accepted the procedure and paid for that. But they haven't paid me back for the doctor yet. I'm still fighting with them for that. So how can you approve a

procedure that only one doctor can do, is licensed and has the experience and equipment to do, and not pay for his bill? Right. So that's a whole nother thing.

***Q: And how much is that?***

**Rand:** I have, oh, it wasn't much. It was under \$10,000 and I mean, it's all relative, right? But it was, it was like \$6,000 and something and some other expenses with his office that may kick it up, another couple thousand. So they submitted it and I've never seen a penny of it back. I had to pay personally for that. That was last year. And the surgery was, like I said, very invasive. The recovery was very long. I had a lot of other things that happened. So now that I'm better, that's on my to-do list is to circle back and call insurance companies and say, 'Hey, you can't approve the procedure and not approve the surgeon!' So I need to be reimbursed for that.

***Q: So the surgeon was out of network, is that right?***

**Rand:** Yes. They consider him out of network. Yeah. Even though he's an accepted physician at that insurance's hospital, you know, like Scripps Hospital or Sharp Hospital in Southern California. He was accepted. That's where he had the procedure done. Very strange.

***Q: Wow. And what kind of insurance did you have at the time?***

**Rand:** I had an HMO.

***Q: So you're still fighting for the HMO to pay for the surgeon's cost, which you have now paid out of pocket?***

**Rand:** Right. I had to pay that out of pocket. And by the way, anything that invasive, it's a tough recovery. I mean, I was told I had to lay flat in bed for a month, couldn't get up. I should be in bed except to get up to go to the bathroom and what, just for a month. Then the second month I could get up and do you know, light things I couldn't get up, I couldn't lift over five pounds. I couldn't run or do anything. By the third month I could start to introduce exercise and things

back to my life. But yeah, that, that first month in bed and, and I did have a tube coming out of me for quite a while. It was not fun. It was quite, quite uncomfortable and wasn't very fun, but I got through it and I'm thinking to myself, 'yay, I'm set for the rest of my life – another 30 years, hopefully 40 years of great health and you know, men's health, I'll never have to worry about anything like urinary again.'

And I was wrong because I had a complication that developed that apparently they said less than 1% of men get, which was scar tissue had built up, and that happened to me. So I was one of the 1%. So the whole process starts over again with time – scar tissue built up and I am having trouble peeing again and I can't pee, and I had to do some really horrible things like catheterize myself every day and, and some really, yeah, really bad uncomfortable things. And then of course the only solution is another surgery. It's because the scar tissue, sadly, in that area just doesn't grow a little bit and stop like it would on outside of, you know, if you cut yourself on the outside of your body. So this is scar tissue that built up in my urethra 'cause the surgery was transurethral and there's a lot of, you know, things moving in and out during the operation, a lot of heavy equipment and the cameras and different things. And so yeah, so my cuts or whatever didn't heal well and or properly. And so now at this point in time I developed scar tissue, which continues to grow and just would totally block it off.

So I had a choice, right? They could bypass that part of my body, that organ, and again, go back to the tube and, and pee into a bag for the rest of my life or have another surgery. So I opted for the other surgery 'cause I'm too young for that, in my opinion. So unfortunately, you know, you think like 2024, like medical science is so far along, surely everything, they have all the answers that have all the things, everything's No, no. It's still some procedures are, in my opinion, barbaric. They are. It's like the dark ages, the medieval ages, right? And so the solution for this particular complication is to cut open the penis, slice it open like a hotdog and open it up, flay it open, and then fix it from, you know, from that point of view.

Well that has even a lower positive outcome 'cause now you're cutting something that's round and expecting it to go back together and it doesn't always do that. It

fails and it's just not acceptable to me. So, that started another journey looking for another surgeon and another procedure who could give me the best outcome.

***Q: Wow. Yeah. And that other surgery where, where they splice the penis open sounds incredibly painful.***

**Rand:** Well, yeah, and you can imagine that the recovery, I mean, you know, from that is half a year to a year. I mean, you have to have a tube in you for months. But it just wasn't acceptable. I just, there's no way, like, it didn't make sense to me. It wasn't logical. So I started my research and after a month or two, I found like a ray of hope, a shining star on Google, that a urologist, a surgeon in New York developed a new procedure where they didn't have to do that. They didn't have to cut you open. They still went inside – transurethral – and his outcomes per the studies and the research that I saw was like 98%. It was incredible, a much, much higher, positive outcome.

***Q: What about the other procedure?***

**Rand:** Probably 90%, but in talking to this other, it is not as good. So, you know, this, this was, he was like an angel that was just, that I found or were sent to me because he's just the nicest man. And other doctors kind of like, didn't, weren't forthcoming with information and this man was totally different. And his procedures are being adopted around the world in the United States by the Mayo Clinic and by lots of really prestigious universities and hospitals. And he spends most of his time now just traveling around teaching other surgeons in other countries and countries with healthcare systems that are full. I'm not sure of the term, like the UK and Canada, they have healthcare systems that aren't, you know, based on, on profits and how much money you have if you can afford it. They're national healthcare systems. So they have adopted his procedure as the solution over everything else.

So, yeah, I'm like, 'oh my gosh, I found this amazing person' and I emailed them like, 'Hey, my name's Rand ... here's my problem.... like, help! you know, is there anyone here in San San Diego, Orange County, Southern California, even Los Angeles, whatever, anywhere that they can do this?' This is a Saturday. Three



minutes later my phone rings and it's him. And we spoke for 45 minutes and he just explained everything.

***Q: So you ended up flying to New York to have this specialized procedure by the man who invented it?***

Yeah, I had the second surgery done. I think it was February, but there was a lot of issues having to navigate with insurance to try and get that approved. And one year of the insurance, I had to go to a nationwide PPO plan, which cost in a year almost what the exact procedure expense would be, which is close to \$50,000 I would have paid if I didn't get approved for this from, from the, the nationwide PPO plan, it would've been out of pocket about 60 grand with airfare and hotel and everything else. So ultimately I was approved, but now I'm having to pay insurance. That's, that's the most expensive insurance you could buy basically. And plus the copay, they don't pay a hundred percent. So there's a lot of copay.

***Q: Right. Are you paying about the same amount as you would've if you had done out of pocket with this insurance?***

**Rand:** Almost, yeah. No, almost. Yeah, because you look at the monthly that I'm paying, which is probably close to \$3000 a month, and then you look at the fact that PPOs don't cover 90% or a hundred percent, like HMOs, they only cover maybe 60% or 70% or 80% or whatever. There's still a large percentage you have to pay too. So yeah, it was a very expensive year for me.

***Thanks so much Rand for being here. We can hardly wait until next week to hear the rest of your story!***

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