

CITIZENS'/CONGRESSIONAL HEARING ON HEALTHCARE

TESTIMONY CAROL YOST

My name is Carol Yost, I live in Manhattan, and I work for the City of New York. I will tell of a personal experience that arose from the absence of a national single-payer healthcare plan.

After I was told, at the age of 31, that I had fibroids—a type of benign growth in my uterus—over the course of 16 years I saw 12 gynecologists. I put off treatment until I saw that my heavy menstrual bleeding, caused by this condition, was getting worse as the fibroids grew larger. I was warned that this could ultimately lead to hemorrhaging and become life-threatening. Most of the doctors I saw, both men and women, acted as if a hysterectomy were the only real option, and were impatient, sometimes even indignant, when I said no. After some research, I decided upon myomectomy, which is surgery to remove fibroids—as opposed to the removal of a woman's uterus and ovaries. Because of the skill required, I began to seek doctors who were highly recommended, but I found none who was a participant in my insurance plan. I wound up seeing two of the recommended doctors, hoping I could work out something. Both of them made it clear they wanted \$10,000 up front. No way could I beg or borrow that. The first doctor acted as if he could agree to a payment arrangement which, although difficult, would have been possible. Then, when I called to make an appointment for surgery, he pretended to have forgotten the earlier offer he had made.

I then saw the other highly recommended doctor with the \$10,000 up-front fee, hoping something could be worked out. Finally, she told me that, because a blood test had shown a high reading for possible cancer, this was an emergency and she was scheduling surgery within days without getting her \$10,000 first. In April of 1993 I had the surgery and, because thank goodness no cancer was found, she corrected the problems and left my uterus and ovaries where they belonged. I am grateful to her for doing an excellent job, and for her care of me while I was at the hospital, including a middle-of-the-night emergency blood transfusion. But if it had not been for that original blood test and the doctor's decision to treat a possible emergency, I would not have been able to have the surgery at all because I didn't have anywhere near the \$10,000 and the doctor wasn't a participant in my insurance plan. I might have been forced to go with a doctor who charged less but was less qualified.

However, while I was home still recovering, I got calls from the secretary and a letter from the doctor, demanding the full \$10,000, and acting insulted that I wanted a monthly payment plan. I was told that at my second post-operative visit, I was to bring documentation from three banks proving that I couldn't borrow the money. I remembered how the examination rooms and doctor's office were

enclosed beyond the waiting room with a door that automatically locked—both ways. You had to be buzzed **OUT** as well as in, and could be held there against your will. Frightened, and still weak from the surgery, I canceled that appointment and saw a different doctor for my postop examination. When I learned that my surgeon could not legally garnishee my wages, as she had threatened, I simply told her I was paying \$250 a month after the insurance paid a portion of the cost for a non-participating surgeon. It was very, very difficult, but I paid it. I felt trapped between the doctor and the insurance company that would not cover the entire cost of surgeon, anesthesiologist and other items on my bill. The doctor and the insurance company were both free to do what they pleased for their own financial gain.

The National Uterine Fibroids Foundation web site says, “Possibly as many as 80% of all women have uterine fibroids. While the majority usually have no symptoms, 1 in 4 end up with symptoms severe enough to require treatment.” However, women in general are not adequately informed of the real alternatives to hysterectomy which usually exist for them. A doctor’s desire to take it easy and to make money seems to be part of the reason. Some alternative treatments have lower price tags, but they may not be the best options for the patient. Also, very often it is easier to remove a woman’s organs than to fix them. There are good alternative procedures, such as myomectomy, that require doctors to spend time and money so they can get the top-notch training needed, and this in turn will tempt them to demand high fees, as in my case. These fees are much higher than fees for hysterectomy. If they have not gotten this training, doctors have an incentive to push women to have hysterectomies. Every gynecologist can perform a hysterectomy. Not every gynecologist is skilled enough to perform successful myomectomies.

Even when the patient is lucky enough to be insured, if the insurance company refuses to pay these fees in full, or finds an excuse not to cover this expensive surgery at all, then she is still expected to pay what the insurance does not cover, usually a lot of money—thus making proper health care an option for the rich. All too often, hysterectomy becomes the no-frills option for those who have less.

Also, drug companies gain because a woman who has had a hysterectomy becomes dependent upon hormone replacement—which is never as good as her original organs provided. About 10 billion dollars a year are spent on hysterectomies—5 billion for the cost of the surgery and 5 billion for the cost of replacement hormone therapy. This is a profitable industry.

With all the attention given to breast cancer—which is very important—the whole matter of hysterectomies is not getting nearly the attention it should. If the truth were widely known, there would be protest marches and fundraising drives for this issue alone. Each year in the United States, about 600,000 hysterectomies are performed, and between 170,000 and 300,000 of these are for uterine fibroids. More than 21 million women are living with the effects of this surgery

because, along with caesarian section, hysterectomy is the number one gynecological surgery in this country. 37% of all women in the United States undergo hysterectomies by the age of 60. On the other hand, only fewer than 40,000 myomectomies are performed each year. Hysterectomy is by far the most common surgical treatment of fibroids. As one doctor described it to me, it's the UUS—Useless Uterus Syndrome, the claim that a woman's reproductive system is not needed by her. According to the National Uterine Fibroids Foundation, every 10 minutes, 12 hysterectomies are performed in the United States, and "according to a report published by Obstetrics and Gynecology, 9 of them probably didn't meet the guidelines set out by the American College of Obstetricians and Gynecologists for hysterectomy." They comment, "3.5 to 7.3 million women in the U.S. over the last 20 years may well have undergone hysterectomy for a relatively benign disease, unnecessarily." Every year in the United States, about 660 women die from complications of hysterectomy. Since there can also be many lifelong complications which women are also usually not warned about, this situation needs to change drastically.

For a description of the aftereffects of hysterectomy, I strongly recommend that everyone go to the web site of the HERS Foundation (Hysterectomy Educational Resources and Services) and watch the online video. Yes, I recommend that everyone watch it, because not a person in this country is likely to be unaffected by the prevalence of this surgery; if it isn't you, it's many people you know. When I was reaching out to other women as I was facing the possibility of surgery, nearly every woman I spoke to told me her mother had had a hysterectomy. Coworkers and relatives of mine have also had it. Go to the beach or walk down the street, and think of more than 1/3 of the women you see. It has often been predicted that the number will rise to 50%.

A national single-payer health plan would enable doctors and patients to stop being preoccupied with money, and take care of health the best way possible. Today's profit economy encourages doctors like my surgeon, and other medical professionals—who have surely studied for years in order to be useful—to be driven to go after building as lucrative a practice as possible, and I'm sure they suffer from this. And it would stop the drug and health insurance industry from making obscene profits while denying or limiting care. That's why I strongly urge Governor Spitzer to work with other governors toward a **national** single-payer health plan, which would be provided under Representative John Conyers' bill, HR 676, now co-sponsored by a total of at least 85 Members of the House of Representatives. This, as others have abundantly testified, is the only plan that would work and be truly feasible. Governor Spitzer could help make it happen.

Eli Siegel, founder of the great philosophy Aesthetic Realism, once said: "Man should not make money from man! That was justice 5,000 years ago, but it didn't have a chance to show its power until now. People are going to see it. Ethics is a force, like electricity, steam, the atom—and will have its way. There will be no economic recovery in the world until economics itself, the making of money, the

having of jobs, becomes ethical; is based on good will rather than on the ill will which has been predominant for centuries." And he asked this beautiful question: "What does a person deserve by being a person?"

When there is a national single-payer health plan for all, and the greed factor is taken out of the equation, all women, all people, will be closer to getting the health care that they deserve!

Here are useful web sites to begin checking for more information. If you Google on "hysterectomy" or "fibroids" or related topics, you will find leads and links to more web sites and references, including a support group for women who have undergone hysterectomies and are trying to cope both medically and emotionally with the effects.

www.hersfoundation.com

This is the HERS (Hysterectomy Educational Resources and Services) Foundation web site. You can read important facts online, and order many useful articles from them, in addition to the play, *Un becoming*, by Rick Schweikert ("A play about hysterectomy"). They have annual conferences and a newsletter; they also organize activities such as a recent nationwide protest against unnecessary hysterectomies.

The Schweikert play was produced in New York early in 2004. While I think in certain ways the characterizations could be more deeply felt, it is very effective, even chilling, at dramatizing what can go on in the medical profession and in women's lives, leading to needless hysterectomies.

But most importantly, there is an online video describing, in detail, the problems women are likely to experience after a hysterectomy. Everybody should watch this video, since there is no one not affected by hysterectomy, in oneself or a friend or relative.

<http://www.nuff.org>

This is the National Uterine Fibroids Foundation web site. It is also a very good source of information.

A fairly recent article I thought was useful was in the *Daily News* of February 2, 2005—"Surgical Overkill: Many thousands of women lose their fertility by having needless hysterectomies each year," by Jordan Lite.

www.aestheticrealism.org

This is the web site of the Aesthetic Realism Foundation. Aesthetic Realism has the tested and proven answers to the pain people have about the economy, love, war, education.