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## Linda and Samira



Linda C. of South Orange remembers well the afternoon her 11-year-old daughter, Samira, a talented athlete, fractured her ankle playing soccer. When the pain and swelling continued into the night, Linda, a psychologist, took her daughter to a walk-in clinic.

“They told me she needed to see an orthopedist and get an MRI,” Linda recalled. “I thought, ‘Oh my God! How will I pay for that?’”

Linda, who holds a doctorate in psychology, works with underserved children and adults. However, because of recent cutbacks in government and nonprofit funding, she lost several contracts — and her family’s health insurance.

“As a parent, your first priority is to provide for your children, and I felt like I had failed,” said Linda. “I grew up with my parents providing health care for me.”

She turned to some doctors she knew through her work. Dr. Stephen Manocchio, an infectious disease specialist at Saint Michael’s Medical Center in Newark, had been helping Linda control her diabetes and high blood pressure despite her lack of health insurance. Could he help her daughter, too?

“Dr. Manocchio sent me to Dr. Richard Boiardo, and he told me how Dr. Boiardo treated all these top athletes,” explained Linda. “I called, and they took my daughter and treated us like royalty even though everyone knew we had no insurance.”

Dr. Boiardo, chief of orthopedic surgery at Saint Michael’s Medical Center, worked with Samira until she was strong enough to get off her crutches. Today, a year after the injury, she is back playing soccer on an area club team.

“We’re lucky that there are old-fashioned doctors who went above and beyond helping us because they love what they do,” said Linda, who admits that living without health insurance means she is not getting all the care she needs, with her out-of-pocket costs for test strips and insulin remaining far too high. “I’m not getting the preventive care that I need for someone with diabetes — the podiatrist checkups, the eye checkups.”

Linda, a woman who spent her career giving to others, never expected to write “uninsured” on her daughter’s athletic forms. The emotional consequences in many ways have been the most painful aspect of being uninsured.

“I never thought I would be in this situation,” she said.

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## Beverly

**B**everly J. was a high-powered television producer and director in Philadelphia and New York when her nationally televised talk show was canceled. She then began a career as a freelance director and media relations professional.

Today, Beverly is a professional caught in the gap — she does not make enough as a freelancer to pay for health insurance, but she makes too much to qualify for Medicaid or charity care. And at 61, she is too young for Medicare.



A survivor of a brain aneurysm, Beverly is challenged by a number of medical conditions. But with no insurance coverage, she cannot afford the regular CT scans and blood work she needs.

“You wait until you’re half dead, and then you drag yourself to the ER,” explained Beverly. “Then you rack up medical bills, and your credit is destroyed. I have tremendous nightmares of getting sick and being laid up.”

She continues to work, but she fears not being able to get all the diagnostic tests required to monitor her aneurysm, thyroid condition, diverticular disease, and gout.

“I’m a highly skilled professional and have worked all of my life,” said Beverly. “My taxes have been used to support people on welfare. Now that I could use some charity care, I can’t get any.”

Beverly sees a physician at Community Health Practice, an outreach program of Our Lady of Lourdes Medical Center, and is grateful for the treatment she receives. She relies on the center, but she believes a major overhaul of the nation’s health insurance system is needed.

“We’re putting a Band-aid on a problem that requires major surgery,” she said. “You have all these professional people out of work, but there are no services for us. I just pray every day I don’t get sick and have to go into the hospital. There goes my income.”

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## Alyce

**A**lyce H., a 61-year-old Hamilton resident, was first diagnosed with breast cancer in 1991. In 2008, the cancer returned.

Alyce had been working as a botanist in Salt Lake City, Utah. When her company transitioned her from an employee to a consultant for a new five-year project, Alyce lost her health coverage and had to purchase her own. Her expensive policy covered little, and when she had to stop working because of her illness, she could no longer afford the premiums.



With no insurance and no idea how she could afford the costs of ultrasounds, biopsies, surgery, radiation, and hospitalization, Alyce turned to St. Francis Medical Center in Trenton. The hospital's Billing Department and Charity Care office worked with her to be sure she would receive the care she needed.

"If it wasn't for St. Francis, I don't know what I would have done," said Alyce. "The nurses, doctors, and technicians took excellent care of me. Everyone I encountered was always very nice, pleasant, and professional. I never was made to feel unimportant because of my lack of insurance."

Alyce believes something needs to be done to fix the state's health insurance problems. And she also believes people should take responsibility for helping to keep themselves healthy through preventative medicine and by pursuing healthy lifestyles.

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## Kevin

Kevin M. had it all — a wife and three daughters, his own home, and a promising career as a carpenter. He relished the time he spent with his family, and he enjoyed the sense of accomplishment he got from his work.

Then he found himself locked in a daunting battle with mental illness and addiction to drugs and alcohol.

“I lost everything — my home and my family,” said Kevin, 57, who was diagnosed in 2002 with HIV, the virus that causes AIDS. “When I found out that I was HIV-positive, I felt like I didn’t have anything to live for. I allowed myself to become consumed by my addictions. I didn’t care whether I lived or died.”



Kevin found help at St. Bridget’s Residence in Newark and made the decision to live. Sober and straight — but with no job or health insurance — he found his way to the Peter Ho Memorial Clinic at Saint Michael’s Medical Center, among the state’s oldest and largest centers for the treatment of HIV and AIDS. There, he received the care he needed to begin the journey to recovery.

“At Saint Michael’s, they treat your body, mind, and spirit,” said Kevin. “They gave me the medicines I needed to fight my disease. They helped me reconnect with God and take the steps necessary to confront my substance-abuse problems.”

Kevin began helping others at Saint Michael’s as a peer counselor, and he is now hoping to turn it into a second career. He recently accepted a paid position with the Mental Health Association of New Jersey in Verona.

“Saint Michael’s has helped me get my life back on track,” said Kevin, adjusting his tie as he prepared for a day at work. “Now it’s time for me to pay them back by helping others to do the same.”

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## Rose

At Christmas time, Larry and Rose P. always dressed up as Santa and Mrs. Claus, much to the delight of area children. But their joyful holiday tradition ended in 2002 when Larry became ill and Rose had to leave her job as a medical biller and administrator to take care of him. Nevertheless, they trusted that God would make everything all right.



Trust and hope were about all they had. Larry received only minimal Social Security benefits, and unemployment left Rose without medical insurance at an age when she was too young to qualify for Medicare.

“My husband was in tears,” said Rose. “His previous wife had leukemia, and he had been left with tremendous medical bills. We got over those, but he was afraid of what was going to happen. He was afraid we would lose everything.”

“It took me six months to decide to stop working,” said Rose, a resident of Lawnside in Camden County. “I’m a minister, so I’m a spiritual person. I trusted God.”

Rose’s physician, Dr. Vincent McDermott, suggested that they visit the Osborn Family Health Center at Our Lady of Lourdes Medical Center in Camden. He explained that Osborn provides primary and specialty care in a private-practice setting, and patients pay on a sliding scale. At Osborn, Larry received primary and podiatric care. Rose, a diabetic, saw specialists in neurology, urology, podiatry, and ophthalmology, and she had radiologic scans and blood work.

“Once Larry got to Osborn, the care and dignity we received eased his heart and mind,” Rose said. “Lourdes’ mission statement speaks about reaching out to the community. I felt every bit of that in the treatment I received.”

In November 2006, Larry was diagnosed with lung cancer. He died that Christmas. Rose now receives Medicare, and she volunteers at Osborn, using her own experiences facing illness without insurance to help others.

“If anything happened to Osborn or any of Lourdes’ clinics, I think Camden would be in trouble,” she said. “There is so much love and encouragement besides medicine.”

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## Tatiana



When Tatiana P. was diagnosed with stage-2 breast cancer in 2008, she learned that interventional surgery would offer her the best chance for recovery. However, she wondered whether she would be able to receive the prompt medical care she needed.

Tatiana, 49, had recently endured challenging personal circumstances and was struggling to make ends meet.

Like more than 1.3 million New Jerseyans, she did not have health insurance.

Tatiana was referred to The Connie Dwyer Breast Center at Saint Michael's Medical Center in Newark, where she met Medical Director Dr. Jan Huston, a board-certified breast surgeon.

"Dr. Huston is such a compassionate, caring person," said Tatiana. "Despite my financial difficulties, I was treated just like any other patient. Dr. Huston performed a surgical procedure that saved my life. She even gave me her cell phone and home phone numbers, and she told me to call for any reason, whether I had a question or just needed some comfort and reassurance."

The Connie Dwyer Breast Center, which was started in 2005 with help from a charitable gift from breast cancer survivor Connie Dwyer and her husband Bob, was founded to address alarming discrepancies in cancer statistics among women in the Greater Newark area — particularly minorities and those with little or no health insurance. The Center's presence in Newark has already made a remarkably positive difference. In contrast to recent years, the majority of cancers diagnosed at the Center today are caught early, when the prognosis is best.

Tatiana, who immigrated to the United States from Russia 17 years ago, is now cancer-free and receives regular physical exams and mammograms. She's grateful that she and women like her have access to the services offered at Saint Michael's.

"I'm very lucky," she said. "I'm very, very blessed."

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## Jim

Everyday, Jim C., a self-employed graphic artist, must think about diabetes, a disease he has had since childhood. But freelance work means no medical coverage, and the 25-year-old Camden resident struggles to manage his disease.

“When you don’t have health insurance, you really have to prioritize your health-care needs and determine what you absolutely have to take care of, and what can wait,” said Jim. “My first priority is my diabetes — I always try to find a way to take care of that.”

Since college, Jim has worked in several jobs, from retail clerk to bartender, and his health coverage has been “on and off.” As a result, it had been several years since he had had an eye exam or a dental exam, even though these are important issues for a diabetic.

Jim is grateful he found Community Health Practice. Operated by Our Lady of Lourdes Medical Center in Camden, Community Health Practice helps working people like Jim who cannot afford health insurance but who earn too much to qualify for government programs.

Knowing that a vial of insulin alone costs \$80, Jim appreciates the need for more programs designed to help people like him.

“People don’t realize how expensive it is to manage a chronic disease like diabetes,” he said, “especially without insurance.”



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## John

John H. of East Hanover worked for decades as a mainframe computer operator. Employed since the age of 19, and a diabetic for the past 13 years, he was on vacation last year when he learned that he no longer had a job.

The 60-year-old now lives on unemployment insurance. Today, he can buy the insulin he needs, but he cannot afford the test strips.

"I just have to assume that the insulin I am putting in me is enough," John said. "I haven't been back to see my doctor — I can't afford it. I am trying to do this on my own."

He does not know what he will do when his unemployment insurance runs out in September.

"I guess then I fall off the face of the earth," he said. "This is not a good time, not for me or millions of others. I am barely paying my bills."

According to John, living without health insurance is particularly difficult for someone who has always worked.



"I always worked and paid my taxes," he explained. "I was a good employee, a straight-up American. What does that get me?"

"I don't want to retire," said John. "But getting back into the workforce is difficult with diabetes and heart problems. I am not 65 and can't get Medicare. I count myself among the lost."