

"I will beg, borrow, steal, do whatever I have to do."

JON CAIN, 48-YEAR-OLD PORTLAND MAN WHO HAD WEIGHT-LOSS SURGERY

Some taking costly steps to lighten obesity's burden

Motivated by ill health, discomfort and hope, more people end up in the operating room undergoing expensive procedures

By BOAZ HERZOG THE OREGONIAN

Dave Roubideaux took a trip to Mexico. Leasa Keene went so far into debt she couldn't pay her bills.

Cat and Larry Shaver tapped most of the equity in their suburban home. These Oregonians are among a growing number of obese people who have gone to extremes to pay



LEASA KEENE
Surgery: Dec. 19, 2003
Weight loss: 80 pounds
Goal: 25 pounds to go
"I want to get the weight off. I don't want to get sick."
INSIDE: More stories of weight-loss surgeries / AB

for costly — and controversial — weight-loss surgery to help them drop pounds and regain health.

"I will beg, borrow, steal, do whatever I have to do," said Jon Cain of Portland who had the operation Nov. 10. The 48-year-old U-Haul dispatcher

faced a \$2.500 insurance deductible. The plight of such patients stems from the reluctance of many insurers, including most based in Oregon, to cover what they consider costly, unproven operations. They want to see more conclusive studies showing positive clinical outcomes and cost savings.

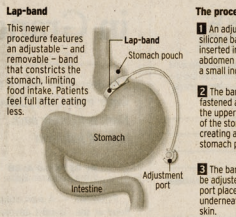
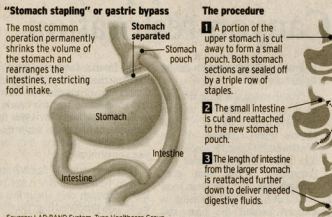
On the other side, many doctors contend that obesity is a disease, resistant to diets and requiring medical intervention. Left untreated, obesity can trigger a wide range of maladies, including diabetes, heart disease and stroke.

Caught in the middle are many of the millions of obese Americans who make up one-third of U.S.

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WEIGHT-LOSS SURGERY CHOICES

Obese people turning to weight-loss surgery have several options. The two most common forms are shown below.



WEIGHT-LOSS SURGERY BOOM

With the popularity of weight-loss surgery soaring, more people are paying out-of-pocket for the operation because many health insurers won't cover it.

Surgeries performed nationwide
Weight-loss surgeries are estimated to have jumped more than sixfold in the past five years as Americans have grown increasingly desperate to lose weight.



Surgeries paid out-of-pocket
Percentage of self-paying patients at Oregon's highest volume weight-loss surgery center, Legacy Good Samaritan Hospital & Medical Center.



Obesity: Number that will spring for all costs rises

Continued from Page One

adults and a fifth of Oregonians, according to government estimates. Clinicians who prescribe the surgery, however, typically do so only for people considered at least 100 pounds overweight.

luck dating such patients are turning to surgery in record numbers. The popularity of operations that shrink or constrict stomachs has shot up in recent years, boosted by stars such as NBC weatherman Al Roker and singer Carrie Wilson who had the surgery and shed dozens of pounds.

U.S. doctors will perform an estimated 140,000 weight-loss surgeries this year, a 36 percent jump from 2003, according to the American Society for Bariatric Surgery. The estimate includes 2,000 such surgeries in Oregon.

Desperate patients have seized on many ways to come up with money for their operations. Breathless after walking a block, 342-pound Roubideaux sought to

avoid confinement to a wheelchair. In February, the 39-year-old Eugene resident paid \$7,600 for weight-loss surgery in Mexico, saving tens of thousands of dollars over the U.S. cost.

Keene, who lives in Portland, began passing out résumés in August, hoping to find a third job. Collection agencies were hounding her. Weight-loss surgery in December left the 24-year-old thousands of dollars in debt.

The Shavers took out a \$37,000 home-equity loan, erasing nearly all their investment in their Washington County home, to pay for Larry's weight-loss surgery in February.

Other obese Oregonians have dipped into inheritances, maxed out credit cards and withdrawn retirement savings.

No national or state statistics are available on how many people are willing to pay out of pocket for the surgery. But at Legacy Good Samaritan Hospital & Medical Center, the Oregon site performing the highest volume of weight-loss surgeries, the percentage of patients paying on their own has more than doubled in the past two years to more than one-fourth of the cases.

And even if insurance covers the procedure, deductibles costing thousands of dollars are often prohibitive.

No one argues that weight-loss surgery is inexpensive. Nationwide, the average cost comes in around \$25,000, but complications can escalate the cost. In addition, about one in 200 patients dies from the operation.

LEASA KEENE: Hardship of paying off debt worth it

By BOAZ HERZOG THE OREGONIAN

Leasa Keene didn't register the gravity of her debt until two months after her weight-loss surgery when bills began piling up in her mailbox.

"First, it was \$20 here, \$100 there," Keene said. "Then \$200, then up to \$1,500. I didn't even want to look at them because I didn't have money to pay them."

A month later, the collection agencies began calling. They wanted the \$6,000 she owed.

Going into the operation, she knew that insurance would pay for 80 percent of the costs. But she never calculated her share.

She was preoccupied with fears of her first surgery. Her recurring thoughts: "I want to get the weight off. I don't want to get sick. Get it done."

Her surgery was Dec. 19, 2003. Months later, overwhelmed by debt, her mother helped set up payment plans. Three months ago, she began sending out résumés for a third job. Nothing serious. Just mindless, fun ones, she said. At the bookstore, Or the music shop. She could work weeknights and weekends. Another 20 hours would be ideal, giving her about 60 total.

The new income would supplement pay from her full-time job answering phones and coordinating schedules of surgeons at Legacy's Obesity Institute, as well



LEASA KEENE keeps a "before" photo on her computer screensaver at work to remind her of progress since undergoing weight-loss surgery 11 months ago. The telephone operator and coordinator at Legacy Good Samaritan Hospital & Medical Center's Obesity Institute — working here with Chelsea Brown (left) — has struggled to pay off \$6,000 in bills from her operation.

as part-time work leading a support group for post-surgery patients.

"I'll do whatever I can," she said, noting that her wages were about to be garnished.

But while she waited for call-backs, work at Legacy picked up, giving Keene as much as 15 hours of overtime a week.

"That's my third job right there," she said.

The extra work is taking a toll, Keene said. She's recently fought fatigue and sickness.

But her loss of 80 pounds has made the hardships worthwhile, she said. She's less than 25 pounds from her target weight of 182.

Weight-loss surgery, Keene said, saved her, and not just from an obese body. It also rescued her from treatment as a "second-class citizen" — by bus passengers rolling their eyes because they didn't want to sit next to her, and friends keeping a safe distance during strolls around town.

"I was in a bad place," she said of life before surgery. Short, with a caring voice and big smile, Keene said she found herself suppressing her bubbly personality.

Working at Legacy, she heard lots of talk about weight-loss surgery as an option. But she said the thought of going under the knife terrified her.

Then in spring 2003, her obese father suffered a stroke at age 50. The thought that her extra weight might cause her to someday have one, changed her mind.

Weight-loss surgery — and the pounds lost — empowered her. She spoke up more. She started flirting. She fought the prejudice.

"Before, I used to take it," she said.

Not anymore. "No way. I'll put them in their place."



CAT AND LARRY SHAVER after marrying in fall 2002, Cat and Larry Shaver underwent weight-loss surgery within four months of each other. The couple exchanged the equity in their Washington County home to pay for his operation. As a result, they sleep in tents instead of hotels to save money on weekend motorcycle trips.

The letter arrived the day after last Thanksgiving. It informed Cat and Larry Shaver that their health plan would no longer pay for weight-loss surgeries.

Having just had lap-band surgery a month earlier, Cat said she wouldn't allow her husband to go without it. "I don't want my husband to die and me not," she said.

With little savings, the couple, married a year earlier, were desperate to scrape up funds. Cat had a bookkeeping job that provided income and health insurance for the couple. But Larry was looking for work.

"Our only option," 47-year-old Cat said, "was to mortgage the house."

They considered selling their home too extreme. Instead, they took out a \$37,000 home equity loan.

Larry, 49, said he wasn't happy about it.

On the other hand, he said, it's hard to put a price tag on 20 years of additional life. "I could have equity in the house, but what good is it if you're in the ground?"

His wake-up call came late last year on a late spring day. If you're not lose weight, his doctor told him during a routine checkup, you're not going to live long.

The doctor had diagnosed diabetes and high blood pressure a few years earlier, following shoulder injuries that had sidelined him from work as a sandblaster at the Portland shipyards.

Since childhood, he said, he

had been a big guy. Growing up, Larry didn't get dessert until he cleaned his plate.

As an adult, he watched his diet and worked out at the gym. Still, his weight rarely dipped below 300 pounds. After the shoulder injuries, it ballooned to 360 — and increasingly worried him.

Plus, Roubideaux felt safe receiving medical care in Mexico, having vacated in Baja over three decades. None of the 20 Obesity Control Center customers he had solicited feedback from had a negative response. And he was comforted hearing that the clinic had performed more than 1,000 lap-band surgeries in the past four years.

During that time span,

When you get older," he said, "you don't feel immortal anymore."

So his doctor's warning had a "sobering effect," he said. He had remarried in 2002. "And I felt like I needed to do something or I wouldn't be around to enjoy it."

Meanwhile, Cat had begun pursuing weight-loss surgery. She, too, had received a warning from her doctor. At 5 feet 1, she weighed more than 220 pounds and also was a diabetic.

The couple agreed that she would undergo the operation first. Cat's lap-band surgery, fully paid by her employer's self-insured plan, was Oct. 13, 2003.

By the time Larry's turn came, the insurer had stopped covering the operation. In January, he found a job as a computer systems analyst

with the state Department of Environmental Quality. But his benefits would not cover the surgery.

So on Feb. 2, Larry underwent weight-loss surgery as a self-pay patient.

In all, the Shavers have lost a combined 125 pounds.

But money has been tight. Cat lost her job in January and was unemployed until last month when she found a part-time job as a nanny. The couple no longer eat out for dinner, and they shop at Goodwill rather than Nordstrom. Instead of staying in hotels on weekend motorcycle trips, they sleep in a tent. And they've racked up \$7,000 in credit card debt.

"We're trying to stay above water," said Cat, but surgery "was the best thing we ever did for ourselves."

"Food for me was like a drug," Roubideaux said. Year after year, "I'd get on a diet and blow it, then another diet and blow it, because I felt hungry all the time. It was a vicious cycle. It's very depressing."

He ballooned past 340 pounds. A few more pounds, he said, and "literally, it was going to be hard to walk."

Since his surgery, he has lost nearly a pound a week, shedding almost 75 pounds. He swims, bicycles and goes on one- to two-mile walks daily.

Living, he said, has become enjoyable again.

DAVE ROUBIDEAUX: Surgery in Mexico costs much less

By BOAZ HERZOG THE OREGONIAN

On the morning of Feb. 10, Dave Roubideaux climbed into a limo near the San Diego-Mexico border crossing. Fifteen minutes later, he was dropped off at a plush Tijuana hotel.

The next morning, another limo whisked him cross-town to the Obesity Control Center. Roubideaux noticed that "everything was spotted" inside the modern-looking glass and cinderblock building. Four hours later, after undergoing weight-loss surgery, he woke up in bed with a view of the ocean. He felt bloated but well enough to go home the next day.

Roubideaux had paid \$7,600 for

a Mexican doctor to insert an adjustable, removable silicone band around his stomach, constricting the amount of food allowed inside. The cost included the weight-loss surgery, all hospital costs, transportation from San Diego and a three-night stay in a five-star hotel.

To pay out of pocket for the same surgery back home, he was quoted a price of \$40,000 to \$45,000.

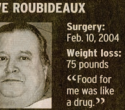
"It didn't make economic sense," he said.

His insurer would have covered an intrusive operation called gastric bypass surgery. The procedure would have permanently rearranged his intestines and stapled shut his stomach, leaving a

small pouch that collects food. If he had wanted gastric bypass surgery in the states, his insurance deductible would have set him back about \$8,000, he said. But Roubideaux preferred a newer, less invasive operation called lap-band surgery, a specialty of the Mexican clinic.

Plus, Roubideaux felt safe receiving medical care in Mexico, having vacated in Baja over three decades. None of the 20 Obesity Control Center customers he had solicited feedback from had a negative response. And he was comforted hearing that the clinic had performed more than 1,000 lap-band surgeries in the past four years.

During that time span,



DAVE ROUBIDEAUX
Surgery: Feb. 10, 2004
Weight loss: 75 pounds
"I got food for me like a drug."

Roubideaux had grown increasingly alarmed at his inability to move. Simple tasks such as going up a flight of stairs or going shopping became a burden. He'd park in the lot and run out of breath by the time he entered the store.

His eating habits didn't help.

"I'm one of those people," Roubideaux said, "no matter what somebody put down in front of me, I'd eat the whole plate."

During college, the 6-foot-1 student weighed in at a "fairly thin" 200, he said. The pounds didn't begin to stack up until he found a desk job as co-founder and vice president of a Los Angeles-based solar-electricity-panel maker.

By the time he turned 50, his weight had crept past 300 pounds. He also had developed diabetes and high blood pressure. The added weight turned him off from exercising. He watched more TV instead.

He tried diets. Many of them. They worked — at first. He'd lose

Surgery risks include added costs, failure, complications

By BOAZ HERZOG THE OREGONIAN

Carolyn Lambert learned firsthand that not all weight-loss surgeries pay off.

A year and a half after surgery, the Portlander has lost only about 40 of 445 pounds. Most patients drop a much higher percentage of excess weight within that time. She also has often felt hungry.

"Bring me a cow — I could eat it," said Lambert, a 51-year-old counselor.

In addition, her case required two additional surgeries. And she is still paying off a \$2,000 bill, the portion her insurance wouldn't cover.

Lambert is part of a small, but significant, percentage of obese patients willing to pay lots of money for an operation that later might let them down.

About one in 10 patients in the United States suffers a complication, such as a hernia or infection, within one month after the surgery, according to the American Society for Bariatric Surgery. One in 200 dies, the society said.

"I can't think of any other elective surgery that would have this much risk," said Keith Bachman, an internal medicine doctor at Kaiser Permanente in Portland. "We don't guarantee a longer life and all medical problems will go away."

The heavier the patient, the more risky the operation, he said.

And doctors are quick to warn that weight loss is not guaranteed. For a successful surgery, patients must still follow a healthy diet, exercise and return for repeated follow-up visits, said Dr. Emma Patterson, director of Legacy Good Samaritan Hospital & Medical Center's Obesity Institute.

For patients following recommended guidelines, some recent research backs up claims that the surgery helps patients remove excess weight and improve health over the long term. But study results have conflicted in the past.

Lambert first underwent surgery in May 2003. The attempt failed. Patterson said she had placed a silicone band around Lambert's stomach in the wrong position. The surgery is more difficult on a patient of her size, Patterson said.

When inserted correctly, the lap band wraps around a portion of the stomach, constricting and slowing the passage of food through the stomach. With the proper setting, the device is designed to constrict the amount of food allowed inside and produce a sense of fullness after a small serving of food.

Lambert said she wept after hearing she would need to undergo a second consecutive day of surgery.

"I have begun to think that I unknowingly signed up for a placebo program," she wrote in an essay about four months afterward. "A very thorough placebo program that left me with both a hospital bill and a scar."

Her third surgery, to replace a part of her lap band that was not working properly, occurred about two months ago. Lambert now feels more hopeful that her treatment will succeed.

In most cases, doctors say, patients turn out fine — and in better condition — after one surgery.

"It's a safe operation in the hands of experienced surgeons," said Georgeann Mallory, executive director of the bariatric surgery society.